TREATISE

ONTHE

THEORY and PRACTICE

O F

MIDWIFERY...

BY W. SMELLIE, M. D.

A NEW EDITION.

TO WHICH IS NOW ADDED, HIS

SET OF ANATOMICAL TABLES,

EXHIBITING

V1 2.

The VARIOUS CASES that occur in PRACTICE,

Accurately engraven on

FORTY COPPERPLATES;

. WITH EXPLANATIONS.

IN THREE VOLUMES.

VOL. III.

E D I N B U R G H: Printed for C. ELLIOT, Parliament-Square.

M.DCC.LXXXIV.

Mass. Med. Joe. 136.195 Dec 26/72 duly, it is the first of the vil Brubirian was an the world of No. of See, Mr. STREET SECTION AND CONT. no two by Anti-A Pro 13/2 Tra _ 11 E _ 1 Tra 2 1/2 - 3 0 7 IN THE RESERVE THE PROPERTY OF the state of the s

ADVERTISE MENT.

T may be necessary to inform the Public, that this Vi me of Preternatural Cases in Midwifery completes the plan of Dr SMELLIE's Work, and fulfils the promife which he made in the Preface prefixed to the preceding Volume. He there observes, other part (meaning that which is now presented) was almost completed; and though he should not live to see it in print, would certainly appear to fulfil his scheme and promise to the Public." This hint was more prophetical than his friends could have wished. Some years ago he retired from bufiness in London to his native country, where he employed his leifure hours in methodifing and revising his papers, and in finishing his Collection of Cases for this publication. The manuscript was transmitted to the person who prepared the two former Volumes for the prefs, and even delivered to the Printer, when the Doctor died advanced in years at his own house near Lanerk in North Britain. tains directions and rules of conduct to

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The judicious Reader, in comparing this with the former part, would plainly perceive it is genuine, even if there was no other proof of its authenticity. He would recognife in it the profecution of the original defign, the same honest plainness, candour, perspicuity, and precision, which distinguished the two former Volumes. He will fee how unjustly a fet of obscure and envious practitioners have charged our author with a dangerous predilection for the use of instruments in the practice of midwifery: a charge which it is amating that any person should have the effrontery to advance; inafmuch as the whole work is interspersed with repeated cautions against all such extraneous aids; and it appears in this last volume that he never had recourse to them without reluctance, even in cases of the most urgent necessity, after every other method had been tried ineffectually. The manufactor was transmitted to the

This, with the two former Volumes, we may venture to call a Complete System of Midwifery. It is the fruit of forty years experience, enriched with an incredible variety of practice, and contains directions and rules of conduct to

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for thr be observed in every case that can possibly occur in the exercise of the obsteric art; rules that have not been deluced from the theory of a heated imagination, but sounded on solid observation, confirmed by mature reslection and reiterated experience.

On the whole, SMELLIE'S Midwifery lands in no need of invidious compariion, which the author has ever carefully voided; nor does it depend for success upon cabal or misrepresentation; arts which have been shamefully practised against it, to the confusion and disgrace of its enemies: but the great demand for the two volumes already published, and the high esteem in which it is held by foreigners, who have translated them into different languages, are such proofs of extraordinary merit, as all the efforts of envy will not be able to overthrow.

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CASES IN MIDWIFERY.

COLLECTION XXXI.

[Vide Vol. I. Book III. Chap. 3. Sect. 5.]

Laborious Cases, in which the Head of the Child presented, and the Child was delivered with the Assistance of the Hand, Blunt Hook, or Crotchet.

Pide Anatom. Figures, Tab. XII. XVI. and XXVIII.

CASE I.

A Dropfical Head opened with the Scissars, delivered by the Labour-pains with the Assistance of the Hand, 1746.

ARLY in the morning, a midwife fent for me to a poor woman, and allowed me to bring one of my pupils as n affiltant.

The patient had been all night in strong laour; and, after the membranes were broen, the midwife also told me, that she suf-Vol. III. B pected pected the head prefented wrong, having

found the fontanel turned to the pubes.

At first when I examined, I was of her opinion, and imagined with her that this position retarded the delivery; but, on a fecond trial, and introducing my finger backwards towards the facrum, I found a large open space also betwixt the bones of the head.

Both the midwife and affistant being senfible of the fame, I told them, that the difficulty of the case was occasioned by the head's being dropfical, and fo much diffended, that it would not pass, unless the hairy scalp was forced out with the contained waters, or perforated, to allow their discharge. The midwife faid, if that was the case, it would be proper to relieve the woman of her mifery as foon as possible, especially as she appeared to be much exhaufted with the length of the labour, and had fainted feveral times.

Having again examined in time of a few pains; and finding that the hairy fcalp did not push down, that the pains grew weaker, and the patient being feized with another fainting fit, I also thought it was wrong to de lay the delivery any longer. The weather be ing warm, and the woman unprovided with cloaths to sponge up the moisture, I had her laid across the bed, with her breech a little over the fide, and, in time of a pain, introduced two fingers of my left hand into the vagina. The I pressed against the open space betwixt the bones of the cranium; then, with my other hand, introduced the points of the sciffar along

along my left, and betwixt the two fingers, to prevent their hurting the woman. The pain abating, I waited till another returned; and when it was at the strongest, I perforated the scalp, by pushing the point of the scissars throw the integuments. The waters immediately gushed out, about three pints, in a full stream, into a two-quart bason, which the midwise held to receive them.

The head being thus emptied, was forced down into the vagina; and this being her first child, it was in a few pains more delivered. During these, however, a pint more of water was squeezed out, so as to fill the vessel.

As the pains were weak, I affisted, by pulling at the opening with my fingers. The child had been dead several days.

CASEIL

Another dropfical Head opened with the Sciffars, and delivered with the Affifiance of the Blunt Hook.

THE same midwife called me to another wonan two years after, having, by her experience of the former case, found it was also a dropsial head, the bones of the cranium being sepaated at a great distance from one another.

The woman had not found the child stire of move for several days, and but very weaky for a week or two before: the membranes and broken the day before; the pains had een frequent and strong; but the head did not advance.

In time of a pain, I found the hairy scalp very
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tense, and the os uteri fully open: when the pain abated, the bones of the cranium selt loose, and easily moved within the scalp; which was a certain sign that the child had been dead some time, and that it would be wrong to keep

the woman longer it pain.

As the lay on her fide, I perforated the scalp, as in the former case, and received the waters on cloaths laid below her for that purpose. Although there was a large quantity discharged, and the bones selt in a shattered condition, riding over one another, yet, even after many strong pains, they were only advanced to the middle of the pelvis.

I then tried to affift, by pulling at the opening with my fingers; but that purchase not being sufficient, I introduced the blunt hook within the skull. With the affistance of that instrument and my fingers, I gradually extracted the head; and the body being small, was easily delivered. The child appeared to have been dead several days, from the part being livid and the scarf-skin separating of the least touch.

It is worth remarking, that, although the woman had the confluent small-pox is the fifth month of her pregnancy, she recovered, and went on to her full time, then was no mark of that disease to be found of the body of the child.

CASE III.

A laborious Birth, from the large Size of the Child and the Smallness of the PELVIS in the Mother; delivered with the Blunt Hook.

In the year 1727, I was called, in the foreoon, to a woman, at some distance in the ountry, who had been several days in labour; he had been delivered twice before with reat difficulty, although the children were hall, and before the full time.

The midwife told me, that the waters were one off two days; and although the pains ad been very strong, it was a long time betre the head came down into the lower part the pelvis. She had been in hopes that it ould have been delivered every strong pain, uring all the foregoing night; but as the pains ent off, and the woman was grown weaker, is advised the friends to fend for further assistance.

On examining, I found the pudenda very uch swelled, the head low in the pelvis, and large tumour on the vertex, protruded thro's e os externum.

The woman's pulse was low, intermitting, d like one in a dying condition; her pains ere also very weak, and returned at long invals. I informed the friends of the greatinger the woman was in, even if she were livered, owing to her extreme weakness; but d them, as a speedy delivery was the only

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As fhe lay on her fide, I tried to force up the head, to give more room in the pelvis for introducing a fillet over the vertex; but it was fo low down and firmly locked in, that I could not move it.

This method failing, and as there was no time to be lost, I opened the head with the seissars, and introduced the blunt hook on the outside of them; then I tried to deliver, by pulling that instrument with one hand, while with the singers of the other I assisted in the opening; but the hook losing its hold, I introduced it on the other side of the head; and as it did not give way as before, the cerebrum was gradually discharged at the opening, as the head advanced; after which the child was soon delivered.

On examining the body, I was certain it had been dead many hours before delivery; for the lips and scrotum were of a livid colour. The first hold of the hook was on the backpart of the neck; the second was on the fore-

part, above the lower jaw.

The swelled parts of the woman were turned black and livid; from which appearance I suspected a mortification was also probably begun in the uterus, especially as she had complained of violent pains in the abdomen the night before; but they had been gone off for some hours, and therefore the assistants did not inform me of this circumstance till after delivery.

I was informed next day, that the patient gradually grew weaker, turned delirious, and died next morning. I am now pretty certain, from many examples fince, that if I had been called the day before, the woman would have been faved. I am also convinced, that if I had known the use of the forceps, I should not have been obliged to open the child's head, specially as it was so far advanced, and the elvis not distorted.

C A S E IV.

I laborious Case, the Head low: attempted first to turn; tried the Fillet; but was obliged to deliver with the Crotchet, the Child being dead and the Abdomen fwelled.

In the year 1732, I was called to a woman who had been long in labour, and had not elt the child move or stir for twelve days: ince which time she had been thrown ino great fear by a fall from a horse, and on that account the midwife supposed the hild was dead.

When I examined the case, I found the head of the child advanced to the lower part of the pelvis; the discharge on the cloaths vas of a brownish colour, and had a strong nortified fmell: the patient was much exausted with the length of her labour, and er pains were weak.

Having placed her in a fupine posture, (as' escribed in Collect. XXV. No 1. Case 1.) I ried to turn and bring the child by the feet,

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were appear. fo proas the the abd been the afnstance but could not raise the head above the brim of the pelvis. In making this effort, I was convinced that the obstruction of the delivery did not proceed from a narrow pelvis or a very large head.

With a good deal of difficulty, I introduced a fillet, in form of a noofe, over the fore and

hind parts of the child's head.

This being effected, I pulled gently every pain, which did not, however, move or alter the position; this obliged me to increase the force, by which the fillet slipped from its hold.

As there was no time to be lost, I opened the head, and tried to deliver it as in the foregoing case; but not succeeding, I withdrew the blunt hook, and introduced a straight crotchet, by which the head was extracted, after using

a good deal of force.

On trying to deliver the body, I was furprifed that I could not bring it along; and fuspecting the difficulty was owing to the bulk or monstrous deformity of the child, I introduced the straight crotchet along the breast; but it lost its hold, after it had tore open the thorax.

I again introduced the fame instrument, as high as the length of it would allow; and at last, with great force and labour, delivered

the body.

Upon examination, I found the difficulty proceeded from the belly's being greatly tumified after death; and that the crotchet, at the first trial, had only tore open the breast; but,

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by opening the abdomen in the second effort, the swelling subsided.

The fillet had galled and torn part of the

fealp from the occiput. I notive bossoul son

large, the infirmern last A '9 roduced, and

In the year 1753, I was called by a midwife to a case of the same kind, where I extracted the head with the forceps; but not being able to deliver the body of the child, I was obliged first to tear open the thorax, and afterwards the abdomen. In this operation I found that the curved crotchet succeeded better than the straight kind.

CASE VI.

A laborious one; the UTERUS contracted before the Shoulders of the FOETUS.

A MIDWIFE sent for me to an acquaintance of hers, at one of the work-houses, who had been five days in labour, and was neglected by the surgeon and midwife of the house in the year 1743.

The midwife told me, that she had been with her all night; that she had lost a great deal of blood; and that she thought the child was dead, as the woman had not felt it stir for

two days.

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On examining, I felt the head low down in the pelvis; but as she was so very weak, I defired the surgeon might be sent for, who was not to be found.

As there was still more danger in delaying longer,

longer, I thought it a pity to refuse giving all the affistance possible. I first tried to deliver with the forceps; but was surprised that I did not succeed, when I found the head was not large, the instrument so easily introduced, and

firmly fixed.

Not succeeding in the above method, I opened the head; and, in trying to deliver it with the affistance of my fingers and the blunt hook on the inside of the skull, I could not, with all my strength, bring it along. However, by extracting the occipital and one of the parietal bones, I had room to introduce my hand, so as to find with my fingers the under part of the uterus strongly girt or contracted round the neck of the sætus: This I gradually dilated; then bringing down one of the arms, and pulling at that and the shattered bones and scalp with both my hands, I at last extracted the child with greater case than I expected.

In pushing up my hand to dilate, my fingers passed the mouth of the womb that was girt round the middle of the head, when I was surprised to find another contraction before the shoulders. This was the first time I observed that different parts of the uterus would contract so strongly, especially the under part before the shoulders, a constriction which has been commonly ascribed to the mouth of the

womb.

The woman recovered contrary to expectation, but was long in a weak condition. By the livid appearance of the lips and pudenda

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of the child, it was pretty certain that it had been dead from the time the mother no longer perceived its motion in the uterus.

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In the year 1737, I was called to a case much of the same kind, only the head of the child was larger, and squeezed into a longish form: the woman was also stronger, and had not been exhausted with floodings; but as the had been long in labour, the head low, and the labour-pains quite gone off for feveral hours, I was afraid, if affiltance was delayed, the would foon be in danger of her life.

I first tried to deliver the head with the French forceps recommended by Mr Butter, in the Medical Essays of Edinburgh: but they were so long and ill formed, that I could not introduce them fafely to take a proper hold.

Although this case seemed very proper for the affistance of such an instrument, from the head's being fo low; yet as I had not been used to that method, I did not repeat the trial, but attempted to deliver with the fillet or lack; which, though formerly fixed, had no power to bring along the head, tho' Lused a considerable force in pulling by that hold.

This method not fucceeding, I waited fome time, as the pulling the head with the lack had brought on some pains; but the woman growing weaker, and affuring me she had not found B 6

found the child stir for seven or eight days, I thought it more than probable that it was dead, and the body so tumified as to prevent

the delivery.

The woman and her friends being impatient, I thought it was wrong to run too great a risk of her life, and delivered the child, by opening the head, and extracting the body with the affistance of the crotchet. I could not deliver the head, even after the cerebrum and several bones of the cranium were discharged, until I had also opened the abdomen.

The body of the fœtus was all over livid, and much swelled, so that it had certainly been dead the time the woman mentioned, She herself recovered, as if no such difficulty

had happened.

CASE VIII.

A laborious one; the Head of the Child high in a narrow PELVIS; delivered with the Hand and Blunt Hook or Crotchet.

MRS MUIRHEAD midwife in Hamilton, in the year 1724, fent for me to a woman at some distance in the country, who had been in severe labour for twelve hours after the os uteri had been sufficiently dilated and the membranes broken.

On examining, I found the head still above the brim of the pelvis, and kept up thereby the projection of the lowest vertebra of the toins and upper part of the facrum. This straitened as

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traitened the passage, which selt not above two nches and a half from these bones to those of the pubes. I advised them to keep her quiet in bed, to prevent her being satigued, and give time for the head to advance in a slow progression, as well as to keep up her strength by refreshing sleeps betwixt the pains. These directions had the desired effect: but having waited from morning to night, and finding the head was only squeezed down a little, in a conical form, into the narrow part of the pelvis, I sent for another gentleman of the profession.

After we had waited all night to no purpose, observing that the patient grew weaker, and that the head did not advance, we thought it advisable to attempt the delivery, rather than to wait longer, and run too great a risk of her life: we also considered, that the pelvis was so narrow, it would be impossible to save the child's life; and, if it was uncommonly large, it would be even dangerous to the life of the mother.

Having placed her in a convenient polition, and in a cautious manner opened the protruded scalp, (which was much tumified) together with one of the parietal bones, with the scissars, I introduced two singers of my left-hand, and tried to pull down the head in time of the pains; but finding that purchase was not sufficient to move it, I introduced the blunt hook first within the cranium; but this not succeeding, was withdrawn: then I introduced two singers on the outside of the head,

at the right fide of the facrum, and, along the same the hook, with my right hand, to the upper part of the head. After resting a little, until a pain returned, and introducing again the fingers of my left-hand into the opening, I began to pull; but finding this hold of the instrument forced the head too much against the pubes, I moved it forward toward the right groin, and then, with my fingers and the hook, pulled the head backwards and down towards the lower part of the facrum, at the fame time defiring the woman to force down with all her strength.

To prevent as much as possible any injury to the parts of the woman, I repeated these efforts by intervals; which at last brought along the head, fqueezed in a long and flat form. This being effected, the body was delivered in a flow manner, but not without a good deal of

force. Sidelegini ad Linewitt, we ask of any

On examining the child's head, I found the first hold of the hook was above the ear, and the fecond on the opposite side, above the under jaw; the opening with the scissars was

made through the left parietal bone.

My fingers and thumb had fo firm a hold. as to affift in pulling the head backwards from the pubes, while the force above, with the hook, made the bones collapse, as the cerebrum was discharged through the perforated part; but although the head was small, it required a great deal of force to bring it thro' the narrow part of the pelvis. o shallo the no snyah can ba The

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The woman recovered tolerably well, but id not live to have another child.

Vide Collect. XXXIV. Nº 2. Cafe 10.

C A S E IX.

laborious one: the Child delivered with the Curved Crotchet, covered with its Sheath to guard the Point.

In the year 1753, I was called at three in he morning, to a woman, who had been a onfiderable time in labour, and felt the head of the child presenting; about a third art of it being pushed, in a longish form, in-

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As the patient feemed to be in no apparent langer; and as both herself and friends were anxious to have her delivered, and could not be persuaded to have more patience, I ordered a mixture to amuse them, and advied the midwife not to satigue her any more, but to keep her as much in bed as possible.

When I called again in the afternoon, I found the head advanced a little lower, and he woman much refreshed with rest and sleeps betwixt the pains. I still encouraged her to have more patience, and continue to take every now and then some of the mixture.

I was fent for again next morning about two o'clock, and found her strength much exhausted: her pains, which had been frequent and strong, were now seldom and weak; besides, a small flooding began to come on.

The head had not advanced lower, only

the hairy scalp was formed, by the long pressure, into a large tumour on the vertex, which prevented my knowing the exact position; but as it was still high in the pelvis, I judged one of the ears was towards the facrum.

Although I was afraid that the woman could not be delivered with the labour-pains; yet as she imagined she felt the motion of the child, I waited many pains, and tried if putting her in different positions would forward the delivery; but finding her spirits slag more and more, and the flooding increase, I began to be afraid of losing the patient if I longer delayed my assistance.

Having laid her in a proper position, as described in Collect. XXV. No 1. Case 3. and dilated the os externum, I forced up the head, to be more certain of its position; but could neither reach the ear nor back-part of the neck with my fingers, without using more force, which I durst not venture to exert on

account of the flooding.

However, this trial made me sensible of the head's being so large, that there was no hope of saving the child by turning and bringing it footling; and it was impossible to deliver

it with the forceps.

To prevent further danger, I opened the head of the fœtus with the scissars; and, in time of the weak pains, tried first to delive with my singers and the curved crotchet, covered with its sheath within the opening; but although, in making different efforts, I pulled out the frontal, occipital, and right parietal, bones;

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ones, I did not succeed until the crotchet as slipt up on the outside of the shattered reains, above the under-jaw.

As my fingers were cramped, I rested a tle; after which untying and bringing down e sheath that covered the point of the instruent, and finding it had a firm hold, I at last ought out the head.

Having wrapped a cloth round it, I made veral trials to deliver the body, but could a move it with all my force, until I introced the same crotchet along the breast and lly; and by opening these, as in the 4th ase of this Collection, I at last effected the devery; and indeed not without much fatigue. By the livid appearance of the child's body, e woman and friends were convinced that had been dead for some time, and that the fliculty proceeded from the uncommon biges, as well as the tumefaction of the abdoen.

This was the woman's first child; I attendher in a second and third; her labours ere tedious and the children large, but at st safely delivered.

CASEX.

be PELVIS narrow, and the Child large; delivered with two Crotchets.

I was called by a midwife to a woman her house, in 1745; the child presented uch in the same manner as the foregoing: e had pretty strong pains, and was every now now and then attacked with severe fits of vomiting; but as she was in no apparent danger, I ordered a few draughts with the Spir. Mindereri.

Being again called, and finding that the patient was growing weaker; and she being much fatigued with the vomiting that still continued, as well as the length of the labour, I at first tried to turn the child; but, in pushing up the head, I found it large, and the pelvis so narrow that the child could not be saved by that method.

I also found that the forceps or fillet could be of no service; however, I rested some time to observe if, after stretching the parts, they would allow more room for the head to advance lower; but finding no alteration, and she being attacked with faintings, I immediately opened the head and tried to deliver with the blunt hook, as in the former cases.

The method not succeeding, and as the forehead was at the left side of the pelvis, I introduced one of the curved crotchets along the left side of the facrum, above the underjaw; but finding that purchase pulled the head against the pubes, I introduced the other at the opposite side of the facrum, and moved it gradually over the occiput of the setus to the right groin of the woman.

Finding that both the instruments had a firm hold, and locking them together in the same manner as the forceps, I began and pulled with greater and greater force, which brought down the head lower in the pelvis;

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but as it stopped there, I unlocked the crotchets, and pulled by the one that was at the right side, by which it was forced backwards towards the facrum, and delivered. Altho' I used all possible caution, yet it required so great force at the last pull (this being the first child), that the perinæum was a little rent; but by the prudence of the nurse, it recovered without the woman's knowledge.

C A S E XI.

The Face of the Child presented: the Head low in the Pelvis, and delivered with the Crotchets.

In the year 1746, I received a message from a gentleman of the profession, desiring me to come and assist him to deliver a poor woman, and to bring two pupils with me, which the patient had consented to, to make me some recompence for my trouble.

He had been with her all night: her pains at first were strong, which growing weaker, he tried several times to turn the child and deliver by the feet; but not succeeding, and being much fatigued, he had recourse to my

affiftance.

I also tried the same method to bring the child footling, turning the woman upon her knees and elbows, according to Daventer's advice, that the pressure or force of the muscles of the abdomen might be diminished; but after several trials, I could not move the head so as to introduce my hand into the uterus.

The face was much fwelled; and the chin being

being to the facrum, I introduced the forceps along the ears at the fides of the pelvis; but after feveral efforts, could not move the head lower, or alter the chin fo as to turn it to the groin or pubes.

I afterwards tried to open the head with the scissars at the os frontis, which presented at the pubes; but the bones were so thick, that I could not make an opening sufficient

to allow a discharge of the cerebrum.

All these different methods failing, I introduced the two curved crotchets, one on each side, which tore open the bones of the cranium; then the contents were evacuated, the head was diminished, and the sectus delivered.

The gentleman told me afterwards, that although the woman had suffered so much from the length of the labour, and from the violence of the delivery; yet she recovered as if no such difficulty had happened.

C A S E XII.

Another of the same kind, in which the Face presented; and the Child was also delivered with the Help of the Crotobets.

A MIDWIFE, in the year 1747, fent from one of the courts at the Seven Dials for me, or one of my oldest pupils, to affish her in delivering a poor woman there.

As I was then engaged, Mr Potter went; and he finding the face of the child present-ting, and the patient exhausted with the length of the labour, endeavoured to turn the child;

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out not succeeding, he sent for Mr Chapnan, who had been longer with me: he likewife attempted to turn the child and deliver with the forceps; but failing in his endea-

rours, my affiftance was required.

When I arrived at the house, the midwife old me that the woman had formerly easy lapours; and that she at first imagined the breech of the child presented, and had waited a long ime till her patient's strength began to fail; but at last she found her mistake, and that a place of the breech the head presented, and had stopped in that position for many nours; on which account she had defired furher assistance, to save the woman's life.

I found the face much swelled, and the chin to the lest side of the os coccygis. In trying to raise the head, to give more room for introducing a blade of the forceps, I selt it so firmly locked that it was impossible to move it.

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As I did not certainly know whether the child was dead, and being desirous to save it, if alive, I with some difficulty introduced one blade of the forceps over the lest ear at the lest groin, and the other at the right side of the pelvis of the woman and right ear of the child. After trying several times to deliver the head with that instrument in time of the weak pains; and not succeeding, and being afraid that the patient would lose her life if not soon relieved, I introduced the two curved crotchets, and delivered her in the same manner as in the former case.

The head was fmaller and not stretched to

fo great a length; it came easily out below the pubes, without my being obliged, in the extracting, to turn the chin below the share bone.

The crotchets had made a large opening in each of the parietal bones near the vertex which allowed the greatest part of the contents to evacuate, so that the head was diminished, and came along with less difficulty.

The woman complained afterwards of great pain, both at the facrum and pubes, which feemed to proceed from overstraining the ligaments of these bones; but by keeping he quiet, and promoting plentiful sweats, she a last recovered.

C A S E XIII.

A laborious one; the PELVIS narrow, the Heal large; delivered with the Crotchet.

August 1749, a midwife called me to a chairman's wife, who had been delivered four times by different gentlemen, who could no

fave any of the children.

On examining, I felt the head of the child above the brim of the pelvis, and kept for wards over the pubes by the jetting in of the upper part of the facrum and the last vertebra of the loins, which formed a very acute angle.

Although the woman had been three day in strong labour, yet she seemed to be in so danger; and as she had got little sleep, I ordered her a draught with Tinet. Thebaic. gt. xx

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nd Syr. e Meconio 3ij. and defired she might

e kept as still as possible.

Being called again next morning, I found the head advanced a little lower in the basin; at as her pains were still good, and as she ad got little sleep with the former draught, I redered the same to be repeated; and leaving the of my pupils with her, desired him and the sidwife to send for me if they found it necestry.

They sent for me about eleven at night, ging me notice that the patient had slept every ow and then betwixt the pains, which were rong; but as they were now abated, the oman much exhausted, and no hopes of the delivery, they thought my affistance was

ecessary.

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Near half of the head was now squeezed own in a flat form at the distorted brim of he pelvis. By my encouraging the patient, and giving her some warm wine, her strength and spirits were recruited, and the pains grew

ronger.

I attended several hours, in hopes that the ead would advance lower, and that if not elivered with the pains, yet there might be chance of faving the seems with the foreps; for it would have been impossible to ave brought it alive by turning in so narrow pelvis.

Finding at last the woman and pains grew yeaker, and that the head still continued in he same position, the patient also begging to e relieved, and calling upon me, if possible, to fave the infant, I thought it would be crue to delay my affiftance longer; and refolved to do all in my power to fave the mother and the child also.

As she lay on her lest side across the bed I gradually stretched open the os externum and introducing the singers of my lest han along the lest side of the sacrum, found the jetting in of the lower vertebra of the loin kept the bulk of the head forwards over the offa pubis; I perceived also the head wa large and much offissed, and that the os from tis was to the lest side of the pelvis.

Although I had small hopes of succeeding yet I tried if the child possibly could be saved by delivering with the forceps, and first introduce the short kind: but the distortion of the pelvis prevented their taking a proper hold; and when I attempted to extract, they slipped of the head; then I introduced a longer pair that were bent to the side. Vide Collect. XXXIV

Case 10. and Supplement to Case 5.

As one of the ears was to the pubes, and the other above the projection of the distorted bones at the back-part of the pelvis, I was obliged to fix one blade over the os frontis and the other over the os occipitis, by which means I obtained a firm hold, as the bending of the forceps fitted the curvature of the factum; but as the biggest part of the head was still above the brim of the pelvis, it was no in my power to move it down from that post tion.

Finding it was in vain to try this method longer,

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onger, and being afraid lest the parts of the woman should be so bruised as to occasion a mortification, I withdrew the forceps, and resolved to use the last resource and most disagreeable method, to save her life.

As none of the futures presented so as to nable me to make an opening through one of them, I was obliged, with a considerable orce, to make a perforation with the scissars brough one of the parietal bones, into which aving introduced two of my singers and a rotchet, I endeavoured to deliver; but not aving a sufficient hold, I withdrew the intrument.

Having introduced my hand at the right de of the pelvis, and the crotchet up bewixt my fingers and the child's head, I fixed he point on the occiput, which was so much slifted, that the instrument slipt, and could ot penetrate so as to have a sufficient hold.

Recollecting, that as the forehead was to be left fide, a perforation would be much after made at the fontanel and fagittal funce, I introduced my fingers and curved rotchet, with the fame precaution as before. The last vertebra of the loins jetted in fouch, that I was obliged to move the instruent more towards the pubes: the point turning a little to one side, I moved it again close the head, to prevent its hurting the patient. When I began to pull, the instrument bean to slip, and the point again to alter, on hich I advanced it much higher than before, d placed it right; then I began to extract Vol. III.

was a firm hold; afterwards, with much fatigue and force, I delivered the head; altho' not before the frontal, parietal, and occipital bones were extracted. In this operation I was obliged to alter the crotchet several times, and the last fixture of it that succeeded was on the lower jaw.

After resting a little, and not being able to deliver the body with my hands, I was obliged to take the assistance of the crotchet to di-

minish the bulk of the body also.

Mr Chapman, and others of my pupils prefent, as well as myself, were surprised to find that the woman recovered so well, considering the length of the labour, and the force that had been used before she could be delivered.

C A S E XIV.

A Delivery with the Crotchet: Described in a Letter from Mr R. P. dated W-, 6th Jan. 1741.

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SIR,

According to your defire, I fend an account of a late occurrence in the branch for which I am indebted to you for instructions. I hope you will favour me with an answer, and your opinion of the following case. About a fortnight ago, a poor woman, come to her full time of a second child, by accident received an ugly fall, which occasioned much uneasiness; but no symptoms of labour appeared till yesterday about eight o'clock in the morn-

morning, when the membranes broke, and the waters discharged in great quantity: At three in the afternoon the pains came on pretty fast: the midwife was fent for; and, as she fays, finding things above her reach, fent in an hour after for an old practitioner, who lived in the neighbourhood, and who, upon the fcore of a little prospect of gain, fent away the meffenger. He came to me about fix or feven; I went with him; it was about four or five miles distant: I found, on examining, a large arm in the passage, and the head, which I I thought also very big, presenting with the forehead fidewife, but turned a little towards the os pubis. The pains had entirely ceased; I put her in a right position, to try to turn the child: with some little difficulty I introduced my hand, to fearch for the feet, but found none near. My hand was very strongly presfed with a prodigious stricture and compression of the parts; however, I got to the groin, and found the legs and feet extended up in a straight line, so as I could not possibly reach them. I then returned to the head, and endeavoured to push it upwards; but the pressure was so great against me, that I found it impracticable. I told them the difficulty, which the midwife likewise affirmed; and bebeing at a little pause, she proposed calling a neighbouring furgeon, who had fome little knowledge that way. As I was a stranger, and newly begun to practife, I-was glad to have one to consult with in this dangerous case. When he came, I told him every thing that had

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had happened; and, after examining, concluded, that it was impossible to deliver by turning. We then agreed, as it was uncertain whether the child was dead or not, to try one blade of the forceps, which I passed up under the os pubis with some violence; but receiving no advantage from this, I gave him the fame to hold, and introduced a crotchet, as I thought, into the eye, but it proved to be the mouth; and, at the time when he pressed the head from the os pubis, I extracted. My hold broke once or twice; till at last, I suppose, fixing in the maxilla inferior, we fucceeded in the attempt. Some little flooding had appeared all the while; I forgot to mention, that when we came to the desperate work, and found the arm obstructed us much, I twisted the fame off from the shoulder. No figns of life appeared in the child; but it was very large. The woman was afterwards as well or better than could be expected. The uterus, in the attempt to turn, felt as if it had lost its oval or round figure, and feemed as if it inclosed the fœtus like a sheath. I was about an hour and a half with her; the waters had been gone twelve or fourteen hours. This, Sir, is a genuine account of a method I was very unwilling to use, especially with a crotchet. Your answer will greatly add to my former obligations. Query, Whether an attempt should not have been made immediately when the membranes broke?

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The Answer was much to the following purpose.

SIR. No doubt, if you had been called in fooner, there would have been a greater probability that you could have turned the child, especially if all the waters did not come off at once; but if all the waters came off before the arm and head were locked close in the upper part of the pelvis to keep them up, the difficulty would have been as great at first as after. What you observe about the uterus is right; for when the child's head prefents, and the breech and legs are extended up to the fundus, the uterus embraces the child like a long fheath, lying up and down in the abdomen; but when the child prefents with any other part than the head, then it is more of a globular figure, and the child can be easier turned. I think you acted very right in first making a trial to turn, and when you could not fucceed, to try if one blade of the forceps would affift, especially when the arm was down; though I seldom find that one blade does much service, or is fo certain a method as when both are applied. No doubt also, as you could not deliver, and the arm was fo big as to hinder your operating, it was necessary to take it off. You do not mention if you opened the head before you extracted with the crotchet, because this always lessens its bigness, and allows it to come along with greater ease: but perhaps that was unnecessary after the arm was out of the way; and it is also probable that C 3

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both blades of the forceps could not be applied before that limb was taken off.

CASEXV.

From Mr. J. of L. in a Letter, dated 1748. The Head of the FOETUS high in the PELVIS, and prematurely delivered with the Crotchet.

HE was fent for to a woman who had been feveral hours in labour; and although she had strong pains, the head still stopped at the upper part of the pelvis, and did not advance.

After putting his patient in a proper position, he introduced both blades of the forceps: and having flipped them up on each fide of the child's head, and locked the handles together, he began to pull along with a confiderable force.

As the forehead lay to one fide of the pelvis, he tried to turn it back to the facrum; but it could not be moved, being fo firmly fixed in the upper part of the pelvis.

This method not succeeding, he brought out the forceps, and refolved to turn the fœtus, and deliver by extracting it by the feet.

This being the woman's first child, he found the os externum fo rigid that it required many efforts, during every pain, before it could be dilated; this being effected, he endeavoured to force with his hand the head of the child back into the uterus, so as to allow sufficient room to come at the feet.

After repeated trials, he could not with all his strength raise the head so as to pass his Terl's

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hand on one fide of it; however, during these efforts, he found the last vertebra of the loins project more forwards than common.

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In consequence of this observation he defifted; fearing, that if he should turn the child, it would be impossible to save it, on account of the great force it would require to bring the head through the narrow pelvis, exclusive of the risk the mother might run of a laceration of the Uterus before the feet could be brought down.

Having fatigued both the woman and himfelf, he took some respite; then opening the head, introduced the crotchet at the back-part of the pelvis, and fixing it above the chin, as he perceived after the delivery, he tried to bring down the head; but by this purchase it was prevented, and forced against the upper part of the bones of the pubes.

Having withdrawn the instrument, he introduced it along the fide of the pelvis, and moving it gently to the pubes, fixed the point on the fide of the occiput; there finding a firm hold, he infinuated two fingers of his other hand into the opening; then pulling and exerting great force with both hands, he at last delivered the head; and the body followed with little difficulty.

The patient was strong, and behaved with great courage all the time, though she complained of great pain in the parts: she was not lacerated in the least, and recovered much sooner and better than he expected.

He observed, that the opening was through one

one of the bregmata; that his fingers, when introduced, were violently fqueezed as the head came down; and defired my opinion of his management of this, as well as the other two cafes he had fent me, which were more fuccessful.

Answer to the above Letter.

SIR

Your fucceeding fo well with the forceps in the two cases, where the heads of both children were come down to the lower part of the pelvis, I am afraid ran you into an error in try-

ing them too foon in the last.

You write me, that the head was high in the pelvis; that it was the woman's first child; that she had only been several hours instead of days in labour; was strong, and had vigorous pains; and that although you supposed the pelvis was narrow, yet the head was brought along with the affiltance of the crotchet; that the opening was small, and the body cafily delivered.

All these circumstances plainly show, that you ought to have waited with patience to obferve what these good pains would have done; for if the pelvis is narrow, it takes a long time before the head can be moulded to its form, and fqueezed through it; more especially in a first child, where the os uteri, vagina, and external parts are more rigid, and commonly

take more time to dilate.

I am certain, when you attended me, in all the courses, I insisted much on the precaution necessary as to the management of natural

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and tedious labours; knowing from experience, that young practitioners are apter to err
in these than in the preternatural; and I always begged them to attend every labour; as
it was too common for the gentlemen to neglect coming, except in the preternatural, or
where it was absolutely necessary to use instruments.

Besides, the attending an old practitioner, where labours are lingering and doubtful, eaches us how long to allow them to go on without endangering the patient, and when it is the blottely necessary to give more effectual afistance. I assure you, I have been oftener ouzzled in these than in any other: for, as in other parts of surgery, it requires more skill to prevent than to perform an operation.

C A S E S XVI. and XVII. Two Cases delivered with the Crotchet; dated 30th of January 1749, from Mr J at D.

I man the honour of attending your lecures in July and August 1747. When I left
London, you were so kind as to desire me
o let you know if any particular case occurred
o me in the practice of midwisery, or any in
which I found any difficulty. I have met nohing new but two cases, in which I found a
good deal of difficulty. The one was when
he arm presented without the labia, the shouller was pretty far advanced, and the head and
eet were sirmly locked high in the pelvis.
The woman had been some days in labour: I
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endeavoured all I could to get at the feet; but it was not in my power. After opening the chest and abdomen, I was obliged to bring away the child double, which was pretty easily done, as the child had been some time dead.

The woman recovered very well.

The other case was where the head was pretty far advanced into the hollow of the pelvis, but stuck at the shoulders above these bones. I did endeavour to deliver her with the forceps, having introduced them twice. They would not hold, which I thought was owing to the looseness of the bones of the skull. The child had been some time dead, and the woman long in labour, and in a low way. I delivered her with the crotchet. I told her friends, I did not think she could live till she was delivered; but she lived for half an hour after.

C A S E XVIII.

The Head prematurely opened by a Practitioner; mentioned in a letter from Mess. B. and L. dated B.— 1751.

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SIR,

As we derive all our little knowledge in midwifery from you, we hope you will think we have a right to confult you in any thing relative to it; therefore have fent for your infpection, and our fatisfaction or improvement, a case which happened at Sudbury last Friday or Saturday, attended with the following circumstances; which we shall very fairly and justly

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relate, partly from the testimony of the midwife attending, who had delivered her before, and is in very good repute in these parts, and partly from our own common knowledge of the woman's appearance; to wit: she is rather of a robust, strong constitution, large, straight, and seemingly quite well proportioned. She was in labour about fix or feven hours; pains pretty severe, but not very frequent, nor any figns of flooding; at which time she sends for one who pretends to practife midwifery, (more from impatience and inclination than any fort of necessity), who fancied, as foon as he came, that fomething must be immediately done, and therefore proceeded to show his inimitable dexterity, by making the wound you now fee with a common pair of scissars, as soon as he could possibly reach the unhappy babe; which came into the world a most shocking bleeding victim. As we can fincerely affure you, that we shall not attempt taking any advantage of this man's ignoranceand barbarity, by a due course of law, we hope you will give us your opinion candidly and without referve, as you have always done hitherto, whether you think the child might have been faved, or was treated according to the rules of art. We apprehend the child's face was to the mother's right ilium, and not very low down; consequently, as Mr Ould observes, we cannot see any material use this opening could be of; as no crotchet was employed, the contents not evacuated, nor the opening large enough for the futures to col-C 6 lapfe:

lapse much; he at last bringing it along with only his singers. Thus is this laborious case fairly and truly stated; and we both hope, for our own satisfaction and improvement, to have your opinion whether we have made a right judgment. We are, with great respect, Sir,

Yours, &c. Fre and is to

M. B. and T. L.

P. S. Your opinion returned with the fœtus as foon as possible will give great satisfaction to.

Sir,

Your humble Servants.

THE ANSWER.

GENTLEMEN,

I RECEIVED yours with a box. After examining the child, and confidering your letter, if the affertions are true that the midwife alleges, I cannot help thinking with you that the gentleman has been a little too hafty in the operation. The woman had been fafely delivered before, at this time was strong, had strong pains, only fix hours in labour, the head when opened coming along only with the affiltance of his fingers in the opening. These strong pains, without the cerebrum being difcharged, or the head squeezed into a longish form, show plainly that they might have been fufficient for the delivery. The defign of opening is to let out the contents, that the head may be diminished in its bulk when too large ith

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arge to pass; and if this had been the case, such an operation should not be attempted, inless the woman's pains and strength began o fail. I had a case yesterday, the woman very big with the first child; the labour began at four in the morning; she had strong pains, and was fafely delivered of a large child about eight at night. The head stuck in the pelvis, was squeezed to a great length, but by the affiftance of the forceps was faved. However, no practitioner can judge of these matters uness he had been prefent, because he can seldom rely on any accounts, and we ought always to judge on the charitable fide, especially as none of us are perfect: and if this centleman has acted imprudently, it should be a lesson for you and me to act in a contrary manner, which will always in the end turn to our advantage. The person that brought the box was to call next day; if not, you will write to me what is to be done with it, because it will foon spoil. Excuse this hurrying anfwer from, with the same and the same

Gentlemen,

a contract but up

Yours, &c.

W. S.

The fœtus these gentlemen sent me was as large as any I had seen, the opening at or near the vertex, and the head of a round globular figure; from which circumstances it appears that it had not been squeezed down into the pelvis, but lying above the brim; that the gentleman, either from great ignorance of his pro-

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profession, or hurry of other business, which last is a most shocking reason, did certainly act the part of a bad accoucheur.

C A S E XIX.

From Dr W. dated M. 1750, in which he was obliged to deliver with the Assistance of the Sharp and Blunt Grotchet.

HE was called to a woman in labour of her tenth child; the membranes had been broken, and all the waters discharged many hours. The head of the child was advanced to the lower part of the pelvis, the forehead to the pubes, and the funis umbilicalis without the external parts, in which the circulation had been obstructed by the pressure of the head; a certain proof that the child was dead.

Having failed in this attempt to deliver with the forceps, he could not, with all his force, extract the head, even after he had opened it, until several bones of the cranium were tore out with the crotchet.

Having delivered the head, he was obliged to fix the blunt hook in the arm-pit to bring down the shoulders, and even after that, it required great force to deliver the abdomen, which was much swelled.

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"At slad, the patient all of a folden, was C A S E XX.

From Mr I. dated F. 1751, the Arm and Head of the FOETUS presented; the last opened, and delivered with the Forceps.

HE was called to a woman who had formerly been delivered of four children, none of which could be faved; she at this time had

been long in labour.
On examining, he found the pelvis very narrow; the forehead, in place of the vertex, presented: the arm was also protruded thro' the labia. He waited a confiderable time to try what the labour-pains would do with the usual affistance of the hand, that the child, if still alive, might be faved.

As the woman grew gradually weaker, and the pains had no effect, he made a large opening in the cranium; and by dint of confiderable force, extracted the fame with the forceps. ; such avil not you sularguit is all maining

CASE XXI.

A dropfical Read opened, and delivered with the Affistance of the Hand. In a Letter from Mr.H. dated C. 1751. Manipitat Stoff Biold Inganto? ed the head of introduced a consideration in

THE woman's pelvis being small, she had, been delivered in a former labour with great difficulty; on which account, when he was called to attend at this time, he waited many hours, in hopes that the pains would force the head lower down into the pelvis.

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At last, the patient, all of a sudden, was taken with frequent faintings; her strength failing, and the pains growing weaker, he was afraid of delaying his affiltance too long.

As the head was too high to attempt affifting with the forceps, the pelvis too fmall, and the woman too weak to venture turning, he perforated and made a large opening in the cranium, from which iffued a large quantity of bloody ferum: after this discharge he, with the affiftance of the weak pains, and his fingers. in the opening, delivered the woman; and no bad confequence enfued.

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C A S E XXI

Another from the above Gentleman, in the fame Let. ter: the Delivery affifted with two Crotchets.

He was called to a woman in labour of a first child. The midwife informed him, that the membranes had been broken and the patient in a lingering way for five days; but that she was now grown weak, and the pains, that had been ftrong, were entirely gone off.

As the head presented, he first tried to turn, and deliver in that manner; then he used the forceps. Both these attempts failing, he opened the head, introduced a crotchet with great caution, and brought out fome of the bones. of the cranium: at last he was obliged to introduce a curved crotchet on each fide, which had the defired effect. After delivery, on examining the child's body, it plainly appeared to have been dead many days; for the belly

belly was of a livid colour, and the scarf-skin stripped off in the handling.

C A S E XXIII.

The Face presented: delivered with the Crotchet. In a Letter from Mr H. dated B. Effex, 1752.

He informs me, that fince the attending my courses of midwisery in London, he had been called to many cases in that branch of business, and was successful in all of them except the following, an account of which he now sent me.

The face of the child prefented at the lower part of the pelvis, the forehead to the right ifchium; and the membranes had been broken feveral hours before his arrival.

He first endeavoured to push up the head so as to bring the child sootling; but it was so wedged in the bones that he could not move it. He next tried to deliver with the forceps; which also disappointed his expectations: at last he was driven to the dernier resource, that of diminishing the head.

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As he could not perforate the bones of the face and forehead, to make an opening thro' these parts, he introduced a crotchet above the temporal bone; and at length, after six hours fatigue in trying these different ways, he delivered the patient.

He observes, that in time of operating, he several times called to mind an expression which he once heard me use, viz. That students should never think themselves perfect; for af-

ter all the instruction that could possibly be conveyed, there were many things in midwifery which could only be learned by practice and observation; and that cases would sometimes occur which would puzzle and soil the best practitioners.

As my correspondent mentions nothing of the strength of the woman and the force of the pains, I take it for granted, that he did not begin to operate, till there was no hope of delivery by the efforts of nature, as the methods he used to effect delivery should never be at-

tempted but in the last extremity. In last we

What surprises me is the great length of time he was at work, and the fatigue he underwent before he could deliver the patient, unless he desisted a long time betwixt every trial, and only extracted in a slow manner and by intervals.

: ROSTOT OF CLIA'S E OXXIV.ZSASH

From Mr B. dated B. 1744, the Patient delivered with the Grotchet.

self Sir, and and perform jed land at AA

I was called to a woman who had been extremely hearty during her pregnancy, was indulged in eating even to excess, and was uncommonly big. When she was in labour, the midwife had promised a speedy delivery from nine in the morning till ten at night.

When called, I found the head presenting, and imagined in a good situation to affist with the forceps: but after introducing them,

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could not with all my strength move or deliver the head, neither could I push up my and into the uterus to deliver the child by he feet.

I next tried to extract the head with a crotchet; this proved unfuccessful also: at last, after four hours working to no purpose, and a slooding coming on, I perforated the skull and delivered the child, and the woman recovered.

I beg your remarks, and your opinion, if waiting in such a case would not have been dangerous for the woman. The child was very big, and weighed sixteen pounds.

The ANSWER was much to this purpose.

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AFTER examining all the three cases you sent me, I doubt your fuccess in them has been the occasion of your trusting too much to good fortune in the fourth, where you were obliged to deliver with the crotchet, which I am afraid proceeded from trying both to deliver with the forceps, and to turn the child before it was absolutely necessary. You do not describe the state of your patient when you was called. If the was much weakened and exhausted from the length of the labour, the pains lingering, and no hopes of delivery from them, you was in the right to try the two first methods to fave the child; and after thefe, if the woman was in absolute danger of her life, you are excusable for having recourse to the last expedient in the mountaine mulvad ments

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When you found the head would not come along with the affiftance of the crotchet, you should have opened it immediately, that the contents might be discharged and the head diminished. This would have faved the time and fatigue you mention.

I hope this unfuccessful attempt will be a caution against using the forceps too foon.

Attempts to turn the child with great force, when the head is engaged in the pelvis, and all the waters are discharged from the uterus, frequently loosen the placenta, and bring on a flooding, such as you describe.

C A S E XXV.

The Child extracted piece-meal; a Cafe, described in a Letter from Mr G. L. dated S. 1748.

SIR.

I was called to a woman of fifty years of age, in labour of her first child, with a pelvis

excessively narrow.

The patient had been long in labour, was very weak, and the pains had abated. After stretching the external parts, I could not introduce my hand through the bones of the pelvis; however, in this trial, I felt, with my fingers, that the head presented.

On opening the head, more than a quart of fetid ferum was discharged. I then introduced two fingers, and along them a crotchet, and got a firm hold with the instrument on the os

petrofum.

After having endeavoured, with all my force,

force, to extract the head with both hands, one at the instrument, and the fingers of my other in the opening, I could not move it until I introduced another crotchet on the opposite part of the cranium: by pulling at both these instruments, some of the bones were loosened, and came away with the crotchets.

I then with the scissars cut in pieces the whole of the cranium, which, with two or three singers, I extracted piece by piece; afterwards, by the assistance of the blunt hook, I brought down the shoulder, and separated it from the body. I was obliged in the same manner to extract every part of the child.

C A S E XXVI.

A distorted Pelvis; the Head delivered with the Crotchet; in a Letter from a Practitioner in Midwifery, soon after I retired from Business, dated London, September 25. 1759.

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A YOUNG gentleman called me to a poor woman in St Giles's, the 25th of last July, at eight o'clock at night, and informed me, that he and some others had been sent for by a midwife about an hour before; that the woman had been several days in labour, and was seemingly much exhausted.

I went immediately with him to the place. The gentleman, as the hairy scalp was tumified, imagined that the breech presented; but, upon examination, I found it was the

head

head with one of the hands, and I perceived the pelvis of the woman was very narrow.

She told me, she had been delivered twice before by gentlemen, of dead children. Upon this information, and as she still had strength and frequent small pains, and complained that she had enjoyed no sleep for two nights before, I ordered her an opiate.

This precaution being taken, we left her to the care of the midwife, defiring the patient might be kept as still as possible, in hope she

might get some rest.

We were again called early next morning, and found her quite worn out with the pains and want of sleep, and the head of the fœtus

not in the least advanced.

Being afraid, if I delayed the delivery longer, that a mortification might foon invade the parts of the woman, from the continued prefure of the child's head, I opened this last with the scissars, and enlarged the perforation. This being done, I introduced the curved crotche within the skull, mounted with the sheath, to prevent the sharp point's hurting the patient,

if it should flip in pulling.

Having destroyed the structure of the cerebrum and cerebellum, that they might pass off, so as to diminish the head, and finding I had a good hold in the inside with that instrument, I pulled with one hand at that, and with the singers of the other in the opening, by which means I extracted both the parietal bones; but although I exerted all my strength, and a great part of the contents were

discharged, yet the head was not moved an inch lower.

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Failing in the above attempt, and finding I could not introduce my fingers, to direct the harp crotchet on the outfide of the head, on account of the narrow pelvis, and the arms filling up the vagina, I was obliged to twift off he limb from the shoulder. This was pretty eafily effected, as the child had been for some ime dead, which plainly appeared from the kin stripping off from that member. After removing the arm, I even then with much difficulty introduced my fingers, and along them he crotchet, and got the point fixed above the thin; then pulling with great force, and with both hands, in the fame manner as before, the head began to move down within the projecion of the difforted bones; and I continued bulling it till it was entirely delivered.

The body followed, without the use of the crotchet, but not without using great force. The distance, so far as I could judge, did not exceed two inches and a half from the jetting forwards of the upper part of the sacrum to the pubes. Although the woman had suffered so much from the length of the labour, as well as from the great force used at the delivery, yet she recovered better than could have been

expected, and is now quite well.

He also writes in the same letter, that he was called lately to a patient about forty years of age, in labour of her first child. The hymen but up the passage into the vagina, and was

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ruptured by the head of the child, fo that the patient had an easy delivery.

C A S E XXVII.

A LETTER from a gentleman near London, dated ift January 1761, contains the history of a laborious case, in which he honestly owns he prematurely tried to deliver with the forceps; but the head of the fœtus being too high in a narrow pelvis, that method did not fucceed: he then administered an opiate, to procure some rest and allay the violence of her pains, as she had been much fatigued. Being called on other business at some distance, he did not see her before the following day, when he found her much exhaufted by the labour; and being again called to another patient, he was afraid of her dying if he did not deliver the child before he went away. As the head was not advanced, fo as to promife any fuccess from the forceps, he was obliged to use the disagreeable method of opening the cranium, through a large tumour of the hairy scalp; after which, with the asfistance of the blunt crotchet, he extracted the child, but with greater difficulty than he expected, as it was very large.

He takes occasion to lament the condition of poor women who live at a distance from afsistance, in the country, and the dismal situation of practitioners, who are seldom called in time, and, even when properly called, prevented, by a hurry of other business, from giving that attendance. This is too frequently

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the occasion of tempting them to operate, before it is absolutely necessary; on which account, he says, he is resolved to attend none but patients whom he can deliberately attend, and leave such cruel methods to more obdurate practitioners in his neighbourhood.

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He concludes his letter, congratulating me upon my happy retirement in old age, after a long course of successful practice, and expressing his satisfaction to hear that my time is employed in finishing the second volume of Cases. He is pleased to say, that although the malevolence and envy of the ignorant, or self-interested, have cavilled, yet after ages will value my works, as standing monuments of the improvements in midwifery.

C A S E XXVIII.

From the Medical Essays of Edinburgh, Vol. III.
Art 19.

An account of the sides of the os uteri grown together in a woman with child, by Thomas Simpson, M. D. professor of medicine in the university of St Andrews.

A WOMAN 40 years of age, observably narrow between the offa pubis and os facrum, had been four days in fevere labour of her first child, when I was called to affist her: The child appearing to have been dead for some time, I opened its head, and extracted it, but with great difficulty; its shoulders and haunches being too large to pass in the straitened pasage between the bones. During some days Vol. III.

after her delivery, she passed a great many fmall rugged stones by the urethra; and at length, after her urine had been stopped some time, her hushand drew out of the urethra a large piece of thick membranous substance, three inches in length, and in fome parts two inches broad; one fide of it was covered with a crust of small sharp stones, the other fide was inflamed and bloody, which made me judge it to be part of the coats of the bladder separated; and I was confirmed in this opinion by introducing a catheter into the bladder; for whenever it touched certain parts of the fides of the bladder, blood came with the urine. The patient continued a long time with a plentiful suppuration about the pudenda, but we did not suspect that the pus came from the internal parts, but only from the exterior, which had been fomewhat lacerated. About three months after delivery she fell again with child, and took her pains after the ordinary period. She continued two days in hard labour before I faw her. The midwife then informed me, that the inner orifice had yielded nothing: I left her half a day; and things remaining in the same way at my return, I examined her condition, and found that the or tincæ had not only not yielded, but that the fides of it were grown together, without any veftige of a paffage; whereupon I asked the alfistance of another physician; and Dr Had dow being called, was, as well as the midwife, fensible of the case being such as I judg ed it to be; wherefore we agreed to make a inci

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incision into the os uteri; but we were first obliged to dilate the vagina fufficiently, that we might operate more fecurely. We had no speculum matricis, and therefore it was necesfary to fupply it by fome other instruments. We tried to make the dilatation with a pair of long broad-bladed forceps; but they neither had strength to dilate sufficiently, nor did they keep the vagina equally open. After this we caufed two pieces of wood, each three inches long and two and a half broad, to be made, concave on one fide, and convex on the other, and of no more thickness than we thought would be fufficient to be a strong enough preffure by the necessary dilatation. When these were finely polished and befmeared with greafe, I introduced them into the vagina, with the concave faces to each other; then sliding in the legs of a speculum oris between them, and turning its fcrew, I feparated the pieces of wood fo far as we could fee distinctly the cicatrix of the grown-together parts, and could have easy access to divide them; which I did by an incision at least half an inch deep, before I pierced through the fubstance of this part of the womb; then immediately introducing my finger at this wound, I touched the head of the child, and felt the whole circumference of the passage hard, like a cartilage, which yielded nothing to feveral throes she had after the incision; so that I was obliged to guide a narrow-bladed scalpel with my finger, to make feveral incisions into this cartilaginous ring; in doing this, there was not the least appearance D 2

of blood, and the patient had no trouble, except what the dilatation of the vagina gave her. The labour continuing, the passage dilated a little, but not fo much as to give any hopes of its allowing the child's head to pass, notwithstanding the bones of the cranium were overloped; and therefore I was obliged to bring away the child as I had done the former. this birth there was no liquid with the child, nor did any blood follow it; it was quite fupple, and had a white chalky crust over its whole body; fo that we were convinced it had been dead fome time. The want of waters was some furprise, till I recollected, that, in the time of labour, she told us they were passing; at which time I had the curiofity to make firick observation, and found what she called the waters passed by the urethra, which opened externally by three different orifices; this, with her having loft fuch a portion of the bladder formerly, and her being fubject to the gravel, gave me ground to think there was fome communication between these passages and the cavity of the womb above the os tincæ, which had allowed the waters to be evacuated. I was the more inclined to entertain this supposition, because frequent instances have been observed of stones making their way through the neighbouring parts, as happened to a boy in this neighbourhood, who passed a very large stone, which had lodged long in the bladder, by the anus, by which the urine had its course for some time after.

My patient, immediately after being put to

bed, was seized with a pleuritic pain, very high fever, and difficult breathing; which coming on so soon after her being satigued several days with hard labour, during which she slept none, but drank much of every thing in her way, appeared to me rather the cause of her death in twenty-four hours after, than any consequence of the incision I had made, for she never complained of uneasiness in those parts, nor had any hæmorrhage. Notwithstanding all the so-licitations I could use with her relations, I could not prevail with them to allow me to open her body.

[Vide Collect. xxxy. Cale 8, 10, 16. and Collect. xl. Cafe 8. Collect. xxxix. n° 1. Cafe 3.]

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COLLECTION XXXII.

[Vide Vol. I. Book III. Chap. 4. Sect. 1, and 2.]

Of preternatural Labours, in which the Legs or Breech presented in place of the Head.

[Vide Anatomical Figures, Tab. 29, 30, 31, 32, 33, 34, 35.]

CASEL

In which the Feet presented, and were protruded without the external parts.

IN 1738, the year before I settled in London, a midwife sent for me to assist in a labour. The legs of the sectus were forced D 2 down

down through the os uteri into the vagina immediately after the membranes broke, and the had tried to bring down the child's body

by pulling.

As I suspected from this information, that the body lay double in the uterus, which prevented the breech from coming down in the former trial, after stretching the os externum, I introduced my hand into the vagina, and up along the thighs of the child to within the os internum, where I found the breast and chin squeezed down at the left side, just above the brim of the pelvis.

After confidering the case, I took hold of the feet with my other hand, which were without the os externum, and pulled at them; while at the same time I pushed up the breast and head to the fundus uteri, with the hand

that was introduced at first.

Finding that the breast came lower, and that the pushed-up parts did not return, I withdrew my hand from the uterus; and having wrapped a cloth round the legs, pulled at them with both hands, till I brought down the breech to the os externum.

As the belly of the fœtus was to the left fide of the pelvis, I turned it back to the facrum; and although I tried to deliver without bringing down the arms, yet I found the shoulders so large, that I was obliged to introduce a singer over one of them and along the arm.

This I slipped down gently into the concavity of the facrum, and brought it out through the external parts with a femicircular turn, to

prevent a fracture in the extraction.

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Then I brought the body lower; but finding that the head stopped at the upper part of the pelvis, I infinuated my hand up along the breast, and introduced a finger into the mouth, and by pulling gently brought the forehead into the concave part of the facrum: being afraid of overstraining the under jaw, I quitted that hold, and placed a finger on each side of the nose; then I laid the body of the child on that arm, and by slipping the singers of my other hand over the shoulders, and on each side of the neck, I got the head safely extracted.

That I might operate with greater ease, both to myself and the patient, she was at first laid on her back across the bed, her breech to the side, and two women supported her legs: in delivering, I at last was obliged to raise up the child's body, so as to bring out the head with a half round turn upwards, to prevent the perinæum's being tore, as these parts were forced outward in form of a large tumour; by which precaution both the mother and child were safely delivered.

[Vide Collect. xxxv. Cafe 1.]

CASE II.

The Breech presented: and forced down to the os externum.

In the year 1746, being fent for to a woman in labour, the midwife told me, that at D 4 her her first examining, and even after the membranes were broke, she could not distinguish what part of the child presented, until the pains forced it lower and lower; and then, both by the discharge of the meconium and the touch, she found that the breech presented; but having waited several hours in expectation of the delivery, and at last being afraid of the child's life, she had recourse to my assistance.

On examining, I found the nates at the lower part of the pelvis, and in a right position, with the thighs to the sacrum: as the pains were now weak, and expecting it would require considerable force to deliver the child, I caused the patient to be laid in a supine posi-

tion, as in the preceding cafe.

In time of the pains, I gradually stretched the frænum labiorum with my singers; then standing up, turning the back of my hand downwards, and introducing my singers betwixt the breech and the os coccygis, I tried to raise up the nates, so as to be able to bring

down one or both legs.

Although I failed in this attempt, and could not raise the nates so high as to allow my hand to pass up into the uterus; yet this effort gave more room, by stretching the parts, and allowing an easier passage for the child, which I found was very large; and indeed this was the sole occasion of the difficulty.

After bringing down my hand, I introduced the fore and middle finger of each into the out-

fide of each groin, betwixt the thighs and body of the child: with the affiftance of this hold, and pulling from fide to fide, and upwards, to prevent the perinæum's being tore, I at last brought the hips through the os externum, at feveral efforts, and by the affistance of the weak pains: after which, and with much fatigue, I brought down the arms, and delivered the head as in the former case.

Although I used all precaution in delivering the head, and indeed exerted less force than in the former case, yet the child was dead; a circumstance which seemed to proceed from the long pressure of the sunis, by its being tumified and squeezed of a statish form near the navel.

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CASE III.

The Breech presented; and the Head delivered according to Daventer's Method.

In the year 1749, I was called, about five in the morning, to a patient that had before me to attend her in labour of her first child; she had been in labour most part of the night, and did not fend till the membranes were broken.

The breech presented; the thighs were to the right side of the pelvis; the right hip was forced down in the back-part, and the left stuck above the offa pubis.

As this was her first child, I waited with patience, in hopes that both hips would advance

vance gradually, and stretch the vagina and external parts; but the meconium having come down in great quantity, the woman also being much satigued, and the pains abating about noon, I was asraid, if I delayed assist-

ance longer, the child would be loft.

Finding that the delivery was principally retarded by the hip sticking above the pubes, I dilated the os externum a little; and after introducing two of my singers betwixt the pubes and the hip, pressed and moved it in time of a pain to the right side of the pelvis: this endeavour immediately altered the former position, by bringing the thighs to each side of the sacrum. The child being small, was forced lower and lower every pain; the body and head were delivered, without my being obliged to bring down the arms, as in the former case.

The woman lay in bed on her left fide; and as the head was small, I delivered it according to Daventer's method; by fixing the fingers of my right hand over the shoulders, and on each side of the child's neck; then taking hold of the body with my left, and pulling with both hands backwards to the patient's breech, I brought out the occiput and vertex from below the pubes, while the chin was within the lower and back part of the vagina, to prevent tearing the fourchette, which selt very rigid.

The child lay some time breathing, but seldom; but at last recovered more strength.

CASE

C A S E IV.

A Breech case, from Dr TATHWELL, Physician of Stamford.

MAY 6, 1755, a woman aged 32, having gone her time with her first child, some slight pains came on, and the waters broke; after which the pains went off for a fortnight, then came on again, and the fæces of the child were observed by the midwife (Mrs Reeve, whom you taught) to come away.

Upon examination, I found one of the hips present; but the os internum not being open enough, and the pains only slight, I directed some Thebaic drops with tincture of Castor and warm suppings, ordering the woman to compose herself, and if any change happened

to fend to me again.

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In a few hours the pains were so increased, and the os internum so opened, that when I was setched back, I found the nates of the child squeezed out, which I helped forward to the hams, then got out the legs, and after giving a quarter turn to bring the head right in the pelvis, setched down the arms, delivered the head, and, with a little assistance, the placenta.

No pulsation could be perceived in the umbilical cord, though the mother thought she had felt the child stir that morning; but probably the same pressure on the abdomen of the child, which had brought away the meco-

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nium, stopped at the same time the circulation

in the navel-string.

Every thing went on right after delivery, by the help of a few drops above-mentioned, and the woman got well at the usual time.

CASE V.

The Breech presenting; the Thighs to the ISCHIUM, low down, and turned to the PUBES.

I ASSISTED in a case much of the same kind as the former, in the year 1745, but was obliged to bring down the body in a different manner; for when called, I found the breech presented low in the pelvis, and the thighs to the left fide. The midwife told me that it had been long in that position, that she could not move it, after repeated trials and strong pains. As the patient lay on her left fide, I tried to raife the breech with my right hand, fo as to bring down the legs; but the contraction of the uterus being fo great against me, I could not move it up sufficiently for that purpose: however, by this trial I did some service, in opening the os externum, and likewife felt a pulfation in the navel-string, as it lay secure betwixt the thighs, which kept it from being The ischium being much lower than the pubes, I durst not venture to bring down the thighs at that part, neither did I choose to pull the body further down to make more room, for fear of engaging the shoulders too low in the pelvis, which would prevent my turn-

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turning the fore-parts of the child to the back parts of the uterus: but I turned up the right thigh from the ischium to the pubes; by which means I eafily got hold of the joint at the knee, and brought down that leg, and after that delivered the other leg in the fame manner. I had tried before this to turn the breech with my fingers of both hands, on the outfide of the groins, both backwards and forwards; but the breech being large, and firmly locked in the pelvis, I could not move the thighs in that manner either to the facrum or pubes. After I brought down the thighs and breech to the os externum, a strong pain came on fooner than I expected, and pushed down the body to the shoulders, before I was aware, into the pelvis. After wrapping a cloth round the child's hips, I tried to turn the fore-parts to the back-parts of the patient, but could not move it till I forced up the body again to the hips; by that means the shoulders were disengaged, and the belly yielding easier, I got it turned backwards. I then delivered the body and head, as in the fecond cafe; but the last coming more difficultly, I was obliged to bring down both arms before I could extract the fame with fafety.

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The Breech presenting, and the Thighs to the PUBES.

I was bespoke in the year 1750, to attend a woman in her first child. When I was called.

ed. I found that the membranes were pushed down with the waters in time of a pain, and that the mouth of the womb was very thin, and open about the breadth of half a crown, As the pain went off, and the membranes grew lax, I pushed up my finger further, and found fome part of the child through them; and although it felt round like the head, yet it was fofter at some parts than others, and more unequal; which made me suspect, as it was so high up, that it might be the shoulder: however, as this was her first child, and the parts were very strait, and the patient very young, I thought it more advisable to wait with patience, to let the parts open in a flow and gradual manner by the membranes and waters. This being in the evening, I left her, and called again about eleven that night. The pains had been but flight, and there was but very little alteration in the mouth of the womb; only I found that the membranes were pushed further through it. I could now a little more distinctly feel the part that presented, and was pretty certain that it was not the head. I wanted the labour to go on flowly, to allow time for foftening and stretching the os uterit I was also afraid, if the labour was hurried on too fast, especially as I found the membranes pushing down of a longish form, that they would break too foon, or before the os uteri was fully opened. I ordered an anodyne draught, and defired her to go to bed, and to take all the rest possible. In order to amuse her,

her, and keep her from thinking too much upon her fituation, I told her that the labour was scarcely begun, and defired the nurse to fend for me as foon as the waters came off; however, as the case might turn out difficult for the patient, and dangerous for the child, if not rightly managed, I staid all night without her knowledge, and went to bed in the house. I was not awaked till the membranes broke, about fix in the morning, when I examined, and found the os uteri confiderably more open. and not fo rigid, and the breech pushed down into it, with the thighs to the pubes. The nurse informed me that the patient had slept betwixt the pains, which grew gradually ftronger; but she had not had any since the waters began to come off. I defired she would still keep quiet in bed, thinking that now, perhaps, her fleeps would be longer and more refreshing if she continued any time free from pains. Accordingly she enjoyed a good deal of found fleep; during which she had some flight pains, and some of the waters were difcharged.

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About ten the pains grew stronger and more frequent, by which the breech was forced down, and gradually dilated the os uteri to its full extent. I then began to stretch the os externum gently every pain, that I might affist the delivery with greater ease, to prevent the child's being lost by its stopping too long when come down to the lower part of the pelvis.

As the breech advanced further, the meco-

nium began to be discharged. The middle of the thighs being then down at the lower part of the pubes, I introduced my finger betwixt them, up to the belly, and felt the funis, with a pulfation in it. I then introduced a finger of each hand to the outfide of each groin, and helped down the hips lower, till I felt the hams at the under part of the pubes; then taking hold of one of them with the fingers and thumb of each hand, I brought down the legs flowly, first one and then the other. The limbs being flippery, I introduced a cloth betwixt them and my fingers, to prevent their flipping, and then turned the fore-parts of the child to the back-parts of the uterus: I had feveral times found, that after I had turned the child in that manner, the forehead, instead of being backwards to the fide of the facrum, was towards the groin, and brought down with great difficulty in that position, unless I could turn it more backwards by pressing it with my fingers: in order to prevent this difficulty, I turned the body a quarter more, which brought the forehead backwards, as above, and then delivered as in the former cases. The child was alive.

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CASE VII.

The Breech presenting; the Delivery assisted with the Curve at the Handle of the Blunt Hook, and a Fillet or limber Garter.

I was called, in the year 1752, by a midwife, wife, to a case where the breech presented much in the same manner as the former. It was the woman's first child; and before I was called she had been many hours in labour after the membranes were broke. The thighs were towards the pubes, and the breech was come down to the lower part of the vagina: the perinæum and fundament were pushed out in form of a large tumour by the breech, which had stopped there for some time, and the woman's pains were grown weak and feldom. As she lay on her side, I dilated the os externum gradually during every pain; and when I could introduce all my fingers, I turned the back of my hand towards the perinæum, to raise the breech; but the woman shrinking away from me, and altering her position, I turned her on her back, as described in Colection xxv. No 1. Cafe 1. and the being firmly held and supported by affiltants, I proceeded without much interruption.

Having dilated the parts, I applied a finger to the outfide of each groin, and tried to help along the breech; but could not move it after leveral efforts. I tried to push up the breech, and bring down the legs, but could not raise it above two inches. I afterwards waited some time, to see if the pains would push the breech farther, especially after the parts were so much opened. Finding both them, and the assistance of my singers inessectual, and the woman much exhausted, I introduced the large curve of the blunt hook with my lest hand, betwixt the singers of my right, along on the lest hip, and

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and flipped the point in betwixt the thigh and the body of the child, till I found the point past the inside of the groin, betwixt the thighs; then taking hold of the fmall end of the hook with my right hand, and applying the fingers of my left hand to the outlide of the opposite groin, I gradually brought the breech lower; but finding it again stop, and that the left hip was brought farther down by the curve than the right, I changed it to that fide. After repeated trials, I could not deliver the breech, nor bring the body fo low down as to manage the legs. I now withdrew the hook, and with a good deal of difficulty passed a garter betwixt the thighs and body; by the help of which the parts advanced, till the joint of the ham came below the pubes; then bringing down the legs and thighs, and wrapping a cloth round them, with a good deal of difficulty! turned the back parts of the child to the foreparts of the uterus. I tried to give a quarter turn more, with the hip up towards the pubes, but could not move it further; I therefore be gan to pull along the body of the child, which required greater force than I expected: but a last I delivered the belly, which felt very large; upon which the shoulders and head came cafily along.

Although I felt (from my not being able to give the hips the quarter turn) that the chin instead of being at the side of the pelvis, was towards the left groin, yet, as the head was small, I moved it backwards, and with my finger in the mouth, brought the forehead to the

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hollow of the os facrum, and delivered as in the former cases. When I examined the child, I found that the whole difficulty proceeded from its having been dead, so that the belly was very much swelled; a circumstance which. I did not suspect, as both the woman and midwise had assured me they felt the child stir: however, it had been certainly dead several days, for the scarf-skin was livid, and stripped off in several places.

C A S E VIII.

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The Breech presenting at the brim of the PELVIS, and the Thighs to the left side.

Being called to a woman in the year 1747. whose former labours used to be pretty easy. the midwife told me, that one of the hips prefented; and although the mouth of the womb was largely open, and the patient had been in strong labour, yet the other hip did not advance, but fluck above the share-bone. I found the left breech pushed down to the middle and back part of the pelvis, and pretty much swelled; and perceived that the thighs were to the left fide, and the right hip above the pubes, as the midwife had faid. As the woman had been much fatigued, and her pains were grown weak, I introduced my right hand, contracted into a conical form, into the vagina, and pushing up the breech higher, made room for my hand to advance along the thighs, towards the fundus uteri; finding the legs up towards the fundus, and fome

fome water still retained in the uterus, I casily folded down the legs, and after I had brought them and the thighs without the os externum, I turned the belly to the facrum, and delivered the child, as in the first case.

CASE IX.

The Breech presenting at the Brim of the PELVIS, the Child large, and the Thighs to the Pubes, the Patient troubled with Floodings.

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I was called by a midwife, in the year 1748, to a woman who was in labour of her first child. The right hip was pushed down at the right side of the pelvis; the woman had been long in labour; a great many clothes had been wetted with discharges of blood from the uterus; and although it flowed gradually, and in small quantity, yet the woman was conside-

rably weakened.

As the fore-parts of the child were towards the abdomen, I placed her on her side, and gradually, as in the former case, introducing my hand into the vagina, raised the breech: after I had insinuated it up along the left side of the child, I stood more behind the woman, and turned my hand to the fore-part of the uterus; but the uterus being strongly contracted, I was obliged to advance very slowly, dilating as I advanced, and then could only bring down the left soot. I was atterwards obliged to push at the breech,

and pull at the foot, alternately, before I could bring down the leg and the thigh. This being effected, I wrapped a cloath round the leg, and took hold of it with my right hand, while at the fame time I applied the fingers of my left above the right haunch, on the outfide of the groin; and by pulling with both hands, brought down the body, till the ham of the right leg was descended below the pubes. I tried to turn the fore-parts of the child backwards: but could not till I brought down the

right leg.

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Finding the child was large, and expecting it would take a good deal of force to deliver the head, I altered the woman's position by turning her on her back; then wrapping a cloth round the thighs and breech, having already turned the fore-parts of the child to the back-parts of the uterus, I brought it down to the shoulders; but finding it stopped at the head, I introduced my fingers and hand along the breast, and discovered that the obstruction was from the forehead's resting against the left arm of the child, at the left fide of the facrum. I then brought down that arm, introduced two fingers into the mouth, and delivered, as in the former cases, though not without a great deal of force: for after I had got the fingers of my right hand into the mouth, and laid the child's body on that arm, and taken a firm hold over the shoulders with the fingers of my left hand, I was obliged to increase the force every attempt. Being afraid I should overstrain the jaw, I withdrew my fingers

out of the mouth, and tried Daventer's method, by pressing down the shoulders, so as to bring the occiput from below the pubes; the head, however, being too high to be moved by that method, I again had recourse to the former; but advanced my singers higher, placing them on each side of the nose: I pulled so long, and with so great force before the head was delivered, that I was surprised to find the child alive.

CASEX.

The Breech presented; the Thighs to the SACRUM, and the PELVIS distorted.

I was bespoke, in the year 1748, to a woman who had fuffered very much in her former labours from the pelvis being distorted. When I was called to her about fix in the morning, I found the mouth of the womb largely open, and the membranes pushed down with the waters in time of a strong pain. As the pain went off, and the membranes became lax, I felt plainly through them, that the head did not present; but was uncertain whether it was the breech or the shoulder: I could just touch with my finger the projection of the last vertebra of the loins with the upper part of the facrum. Though concerned that the child did not present fair, I was pleased to find that the pelvis was not quite fo narrow as it had been represented.

About an hour after I came, and before the membranes broke, I examined and found

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them pushed farther down; and as the pain went off, I found that the breech presented. Placing the woman in a convenient position, as described in Collect. xxv. no 1. Case 1. with her head and shoulders lower than her breech, I gradually opened the os externum, and introduced my hand into the vagina as a pain went off. Endeavouring to raise the breech, my fingers broke through the membranes, and as a large quantity of water was retained, I eafily brought down the legs, which

were to the back parts of the uterus.

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After I had brought down the body to the shoulders, I tried to bring the head into the pelvis, by pulling in different directions, viz. upwards, downwards, and from fide to fide; but finding I could bring it no further, I introduced my finger and hand in a flattened form betwixt the breaft and back-part of the os externum. In advancing further, I felt the chin and face at the upper part of the os facrum, the forehead retained above the distorted part formed by the last vertebra of the kins, and the forementioned bone: I tried to pull the forehead down with my fingers placed on each fide of the nose; but could not move it: then I pulled down the left arm of the thild, and pressed the face and forehead to the left fide of the pelvis, where there was more room. I made a fecond effort to bring own the head in the same manner as before; out as it still stuck, I pulled down the right orm: in a third trial, I brought the forehead down into the hollow of the os facrum; delihen

vered the head, and faved the child, contrary to expectation.

CASE XI.

The Breech prefenting; the PELVIS narrow; and the Thighs to the Pubes.

I was called by a midwife in the year 1752. and found the breech prefenting, and the pelvis distorted. The midwife told me, that the woman's former labours had been very difficult and tedious; but now, as the breech prefented, she was afraid the difficulty would be greater; observing, that she had fent for assistance as foon as she found (after the waters came off) the position of the child. As I found the thighs were towards the pubes, I kept the woman as she was then lying on her left fide, and brought her breech nearer the fide of the bed. Introducing my hand into the vagina, I pushed up the breech of the child, and advanced along the fore-parts of the uterus to fearch for the feet; but finding a greater refistance than I expected from the uterus and child, and perceiving the head and shoulders of the woman lay high, I turned her from the fide-position to her knees and elbows, without bringing down my hand; by which means her breech was raifed higher than the body. I found the refistance diminished and brought down the legs; then turning her to her back, brought down the body. After I had turned the fore-parts of the child to the back-parts of the uterus, I introduced my fingers to the face,

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face, as in the former case. Finding it to the left side of the projection, at the upper part of the facrum, and the right arm lying before it at the left side of the pelvis, I first brought down that, and then helped down the forehead; but before I could deliver the head, I was obliged to bring down the other arm, and saved this child also, though a good deal of force was used to deliver the head.

Five minutes elapsed before the child breathed, and it continued much longer breathing weakly; but by the use of stimulants it began to cry, and continued to cry inceffantly, till one of the women observed a large swelling betwixt the left ear and temple. This I immediately pressed with my fingers, on which it ceased crying; but in taking them off it began again, and the swelling that subsided on pressure returned. To remedy the complaint, I dipped a thick compress in a mixture of oil, spirits, and vinegar; and applying it to the tumour, defired the woman that held the infant to keep her fingers pressed on the place for a long time. When -I examined it next day, the fwelling was gone; and it appeared to have been that part which stopped fo long at the projection of the upper part of the facrum, before the head was delivered.

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CASE XII.

The Breech presented; the Body and Arms delivered by a Midwife.

In the year 1748, I was called in a great hurry, to a woman in the fame street. On examining, I found the body of the child delivered, and only the head remaining unextrac-The patient was pretty corpulent; and begged that I would relieve her out of her mi-

fery, and if possible save the infant.

I felt no pulsation in the funis umbilicalis: but as that might have been just stopped, I immediately, and with great eafe, delivered the head, by introducing my hand betwixt the neck of the child and the back-part of the pelvis. I flipped two fingers into the mouth, which was to the left fide of the facrum: by that hold I brought down the face and forehead, turning them at the same time a little more backwards, into the concave part of the facrum; then placing the fingers of my other hand over the shoulders, and on each fide of the neck, and raising up the body, as the woman was in a supine position, I delivered the head, as described in Case 1. and 2. of this Collection.

Two of the patient's fifters who were prefent, finding that the child was dead, expresed their refentment against the midwife, and ordered her out of the room: however, I interpoled, and defired that she might first affill in laying the woman right in bed; then I beg.

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As she found the breech present, and had used more force than is commonly exerted. the friends had been alarmed; but were fatisfied for a little, when the affured them that the child came in the natural way, and that the patient and child would be foon and fafely delivered.

She at first brought down the body and arms eafily, with the affiftance of the strong pains, but with all her strength she could not deliver the head; and at last was obliged to own to the attendants that the child came wrong; though not before the had made feveral trials after the first alarm.

C A S E XIII.

The Breech prefented, and delivered by a Midwife.

In the year 1752, I was called by a midwife, who told me that the body of the child had been delivered an hour ago; but not being able to bring out the head, she had defired my affiftance. As the pains were now grown stronger, she begged I would wait a little, and if the patient was not foon delivered she would introduce me to her. I inquired if she had felt any pulsation in the funis, after the body came down; she acknowledged that she had felt it at first, but it had stopped long ago.

She was called into the room in a hurry; and the head was immediately delivered with the pains.

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About an hour after, I was fent for by the fame

fame midwife to another woman, where the breech presented, and who formerly was used to have tedious labours.

I had told the midwife on the former occafion, that she had lost the child by not sending fooner; and desired she would never call me again in such a manner. This reproof had the desired effect; for she sent for me in this case immediately on the water's coming off, and when she was certain that the breech

presented.

Finding the pelvis narrow, and that the breech did not advance with the affiftance of the strong pains, I brought down the legs; but as the patient did not lie in an advantageous position, as described in Case 1. of this Collection, I caused her to be turned to that posture, and delivered the body and head of the child, as in the two last cases; but with greater difficulty than any that I ever delivered in that manner, the child being alive.

After the body and arms were brought down, by dint of many repeated efforts, I delivered the head; but in the mean time imagined it was impossible the child would be alive, as I found the neck was so overstretched; and if it had not come along at the last effort, I was resolved to have used the assist-

ance of the crotchet.

I stopped in the middle of these efforts, and attempted to extract with the short straight forceps: but the head was above the brim of the pelvis, and the curvature of the os sacrum prevented their taking a proper hold, so as so

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be of any service. This was the reason which prompted me to contrive a longer kind, the blades of which are curved to one side. Vide the Anatomical Tables. Also Collect. 35.

C A S E XIV.

The Body of a Child delivered, and the Forehead detained above the Pubes.

In the year 1750, I was fent for in a great hurry to a labour, where the midwife had delivered the body and arms of the child; but, after several trials, and the affistance of the

pains, could not extract the head.

The forehead was detained above the pubes. Finding it was not possible to move it backwards towards the facrum, as she lay in a supine position across the bed, I pulled the body of the foetus downwards, and at the same time pressed the chin with the singer of the other hand to the breast: by pulling up and down with both hands, I at last brought the forehead out from below the pubes, and delivered the woman of a dead child, though not without a good deal of force.

I have had several cases, in which the nates presented, and the children, where small, have been delivered safely with the labourpains; especially when the fore-parts of the sœtus were to the back-parts of the uterus, but commonly with more difficulty when in the

above position.

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CASE XV.

The Breech presented; a Flooding came on after Delivery; and the Woman died. In a Letter from Mr.—— dated—— 1752.

He was called to a woman that had miscarried two years before, and fince that had been subject to copious discharges, high coloured and setid.

The membranes had been three days broken: he found the pains were but inconfiderable, and some waters still drained away during each; being also high coloured and fetid.

The os uteri was high up, thick, but little open; which prevented his knowing the position of the fœtus.

As the pains were faint, the child advanced very little in many hours; yet she complained as much as if she had been in strong labour; and the os uteri was so extremely sensible, that she could not bear the gentlest touch

without screaming.

When the pains grew quicker and stronger, she placed herself on her knees; at which time he found the nates presented, and endeavoured to dilate the passage; but although the pains were vigorous and forcing, the part came no longer, neither could he apply his fingers to the groins to help the body along.

He then laid her in a fupine position; and after introducing his hand into the uterus,

with

with great ease brought down one leg, and fi-

nished the delivery.

The child at first showed small signs of life; but afterwards recovered, and is now alive.

The mother, foon after delivery, was feized with a flooding; which, notwithstanding all he could do, carried her off in an hour.

Although it is difficult to judge of cases at a distance; yet, I think, as the patient was not weak, and had strong pains, there was no occasion to force open the parts so soon to bring down the leg: the child is seldom in danger of being lost before the nates come down to the external parts; for it is safer for the patient to allow them to open the os uteri slowly, than to endanger its being tore with the hand.

C A S E XVI.

The Breech presented; in a Letter from Mr AYER, dated Boston, Lincolnshire, 1750.

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BETWEEN 11 and 12 at night, I was called to E. I. who was suddenly taken with labour-pains when asseep in bed, and they had broken the membranes.

She had a strong pain when I entered the room; but my coming in gave a check to

them till some time after.

When I examined, the nates presented at the lower part of the pelvis; and the pains being strong, I did not attempt to push up the E a breech

breech to bring down the legs; I only dilated the os externum, and foon after that, I was able to infinuate a finger into one of the groins; and in a little time a finger of my other hand into the other groin; by which means, and the affiftance of the pains, I drew down the body to the hams, and extracted the legs.

Having wrapped a cloth round the extracted parts, as the face of the child was towards the facrum of the mother, the delivery was foon finished, only it stuck a little at the head, and the placenta adhered to the back-part of the uterus, but came off without much

trouble.

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The child was a lusty girl; and although she did not at first seem alive, yet in a little time

after she began to cry.

The patient, after being put in bed, was attacked with violent pains in her hips and body; on which I was again fent for. As the difcharges were small, I fent an anodyne mixture, with iv. of Theriac. Androm. one half of which gave her immediate ease. [Vide Col. XLIII. Case 3.]

C A S E XVII.

The Woman very weak; the Child's Arms prefented, with the Breech; written by the same Gentleman, in the year 1747, when he attended my Lectures, and sent with the foregoing Case.

ONE of the gentlemen, and one of the midwives, that attended my lectures, were fent e

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to one of the poor women, who was taken in labour in the eighth month of pregnancy.

The os uteri was a little open; the membranes were forced down with the waters, and broken foon after they arrived; when, finding that the child did not present in the natural way, they immediately sent for me.

On examining, I found the os uteri thick and rigid; within it, on the left fide, an elbow; and on the right, one of the nates.

The patient had, some time before that, been much weakened by a quartan ague; her pulse was low and weak, her body greatly emaciated, and she could scarcely speak, or stand upon her legs.

Being informed that she had taken little nourishment for several days, I sent for, and ordered her to take a little toasted bread and warm wine frequently, to recruit her strength and revive her spirits.

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Having sent for my principal midwise, and the rest of my pupils, I desired her to keep the patient quiet in bed; which indeed was only a little straw laid in a cold garret; for at that time we were obliged to smuggle our patients, on account of the barbarity of the church-wardens.

In about four hours after this, the midwife fent for me; the woman was now much recruited by the nourishment she had taken; for besides the bread and wine, she had also got some broth; her pulse was much stronger, and she was able to walk about the room.

After waiting some hours longer, and considering

dering the woman had formerly easy labours, I thought it was a pity to keep her longer in pain, as there seemed little hope of her being delivered without affistance; for, in examining again, I imagined what I took for the elbow was a heel, and the other one of the shoulders.

Having placed the patient on her knees and elbows, according to Daventer's method, not indeed of choice, but from necessity, for want of proper accommodation, and having her firmly Supported by the female affiftants, I gradually dilated the os externum, and, with some difficulty, introduced my hand into the vagina. Then I found with more certainty, that the fœtus presented, according to my first opinion, viz. the hip at the right fide, and the elbow, with the head above it, at the other fide, within the os uteri. This I tried to stretch open; it was then about the wideness of a crown-piece, and could only receive the ends of the thumb and fingers contracted together, in a conical form; but the orifice felt fo thick and rigid, that I could not, by feveral efforts, dilate fo much as to be able to introduce my hand into the uterus. Although the patient bore it with a good deal of patience, yet it fatigued her so much, that I desisted, and was afraid of using greater force.

The affistants seemed much surprised when I ordered the woman to be again laid down on her side, and did not attempt any more to deliver the child; but they were all satisfied when I told them the danger of tearing the u-

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terus, and of the woman's dying in the operation from her great weakness; and that as there was no flooding, it was much faffer to continue giving her nourishing food; for although the child presented wrong, yet when her strength was recruited, the pains would come on ltronger; by which fome of the parts would be forced down, and gradually dilate the os uteri.

I also observed, that if the labour ended as I had foretold, it would be of greater use to them than to have feen me run too great a risk of the woman's life, and after all be foiled

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As her pains were weak, and at long intervals, I gave her a grain of opium to carry them off, and procure rest; desiring one of the midwives, left with the patient, to give her a little broth frequently, and to fend for me and the rest of the pupils when the pains came on, and when she found the os uteri more open.

When we left the patient it was eleven at night, and we were all called early next morning. By that time three of the gentlemen reached the place, the breech came down of a fudden, and one of the pupils delivered the body and head with great case, as the child

was fmall.

When the rest of the pupils arrived with me, we were informed, that the woman had been visited with pains every now and then, and fleeped betwixt them, fo as to be much refreshed; after which slumbers, the pains had

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fuddenly returned with greater vigour, forced down the nates, and opened the os uteri, which then felt foft and yielding. From the livid appearance of the child's body, and the stripping off the scarf-skin, it plainly appeared that it had been dead for many days. The woman recovered, though long in a weak condition.

C A S E XVIII.

A Cafe in which the Thighs presented, 1747.

A YOUNG woman going with her first child, of a weakly constitution, slender, and of a small fize, had taken very little nourishment during the last months of her pregnancy, and had swallowed several purging medicines, from a mistaken notion that she was dropsical. Both her husband and niece, who lived with her, died but a few weeks before she was delivered; missfortunes which sunk her spirits much,

and increased her weakness,

The labour was very flow and lingering, on account of her great weakness. The midwise could not discover any part of the child, till several hours after the membranes were broken; and then felt a foot, with a thigh lying across, at the upper part of the pelvis. She immediately signified the danger; upon which account I was sent for. On examining, I found it in the same manner as the midwise had described: her pulse was weak and low, and she lay on her left side, with her breech near the side of the bed,

As the was to feeble, I chose first to try if the body could be brought flowly along in that position. After ordering her a little warm wine, I introduced my right hand, which was anointed with pomatum, flowly into the vagina, during the time of a pain. I found the os externum fufficiently dilated, and brought down by degrees the leg and thigh; but then perceived the child was fo large that it would not be possible to bring it along, unless I could bring down the other leg and thigh alfo. The thigh I had already brought down filled up the pelvis in such a manner, that I could not get my hand paffed, without using too much violence: I then by degrees, just as a pain was going off, bent the leg to the thigh, and pushed it up into the uterus.

As the woman could not be kept firm in this position, neither could I use so steady and equal a force as to bring down the body and extract the head, as I could do while she lay supine on her back, I had her placed in that position. She had not any flooding, except some little shews, as they are termed by the midwives; these are only a few streaks of blood, which frequently proceed from stretching the os internum. I again introduced my hand into the vagina, then passed it along at the fide of the pelvis, through the os internum, up into the uterus, and within the membranes. I kept my hand there a little to discover the polition of the child exactly, which lay with its left buttock, thigh, and leg over the brim of the pelvis, its belly towards the mother's,

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the right buttock to the woman's right fide. and the shoulders up to the fundus uteri, with its head turned downwards to the left fide. I had introduced my left hand, which luckily answered best in this position. I then raised up the buttocks, and turned the belly more to the right fide, which brought my hand eafier to the right thigh and leg of the child, which were extended up along the belly and breaft. I laid hold of the leg, and folded it down along the thigh to the buttock; then brought it and the other leg into the vagina. The knees and thighs followed; but the child being large, and the woman small, although the pelvis was well shaped, according to her fize, the breech and body of the child came along with great difficulty.

I began to turn the belly of the child to the mother's back, before the breech was brought through the os externum: when the breech was turned to the os pubis of the mother, I gave it a quarter turn more, till its os facrum was to the right os ischium, that this might turn the child's face, that lay to the right fide of the uterus, to the back part. I then turned its os facrum back to her os pubis, and brought along the body and the arms, and delivered the head as directed in the Treatife; but not without a good deal of force. The child was alive, which I scarcely expected; the mother was fo weak that she could give little affistance to help along the placenta, but it was at last separated slowly, and fafely delivered: she luckily had no large discharge from

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the uterus, but was in a very low faintish condition for feveral hours. The only thing that could be done now, was to give her a little warm wine and water frequently, and fometimes a little weak caudle, to nourish and strengthen her weak body. I ordered her belly to be kept moderately preffed with an affistant's hands, till a bandage could be fafely applied. She was fo weak, that I thought it was better to go on in giving her nothing more than a little nourishment, especially as it staid on her stomach. For some weeks before, she had thrown up most of her food, and could scarcely retain as much as to keep her alive: however, I ordered the following medicine; but only to be used if she should be taken with violent pains or restlessness.

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B. Sperm. Ceti. Theriac. Androm. a 3i. Syr. Croci. g. f. ut f. Bolus fumend. cum hauft. fequent. et rep. quarta quaq. bora, vel ut opus fuerit ad duas vices. B. Agu. Cinnam. Simp. 3is. ag. Alexiter. Spirit. cum Aceto Syr. e Meconio. a 3ij.

The next day I found her much better: she had got some rest; and the discharges were moderate, although she had not taken the medicines.

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COLLECTION XXXIII.

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[Vide Vol. I. Book III. Ch. IV. Sect. 3.]

Of preternatural Cases; the Membranes not broken, or the waters not all discharged; also Cases of Floodings and Convulsions, in which it was absolutely necessary to deliver.

NUMBER

Women in Labour, and the Children in a wrong Polition.

CASE

IN the year 1731, I was called in the night to a young woman, who lived at some difrance in the country; and was told by the meffenger, that she was in the utmost danger from a violent cholic.

After my arrival, while the mother was telling me about her daughter's illness, I observed the cholic pains returned periodically, and feemed more like labour than the alleged com-

plaint.

She was then in bed, lying on her fide, and her back towards the place where I was feated. On pretence of examining her stomach, I felt the lower part of the abdomen of a round globular figure; and below the integuments, the uterus firm and tense, above the pubes, and betwixt that and the umbilicus; then I

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examined the vagina in time of that pain, and found the membranes forced down with the waters to the lower part thereof. When the pain abated, I felt the shoulder and arm of the fœtus within the relaxed membranes.

Without faying any thing to the patient, I defired to speak with her mother and aunt in another room; and as this was an ante-nuptial affair, I told them the case, and defired they might hold their tongues at present; for if they acted otherwise, it might endanger the patient's life.

Having defired the patient to move her breech near the fide of the bed, and flipped a bed-sheet, folded, below her, to spunge up the moisture, I gradually introduced the fingers of my right hand, contracted in a conical form, through the os externum, which was largely dilated by the membranes, during the interval of the pains. As one of these returned, I pushed my hand into the vagina, and against the tense membranes, to break through them, fo as to get within them to the body of the fœtus; but they being rigid, my hand slipped through the os uteri, and up into the womb, on the outfide of the membranes; then grasping them with my fingers, they burst asunder.

As I had now introduced my hand within the membranes, I found the child floating in a large quantity of waters, which were kept up so as that not one drop could pass, my arm plugging up the passage. I now found the head was detained by the navel-string's fur-

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rounding the neck: this I disengaged, and by a little push at the head it swam up to the fundus uteri; then the nates coming down, I took hold of the legs, and brought them without the external parts: the child being small, was

eafily delivered with the placenta.

The child was alive, but died foon after. According to the patient's reckoning, she was only entered into the seventh month of her pregnancy. Had I known this circumstance at first, there would have been no occasion to do any thing but perforate the membranes; for as the passages were so largely open, and the child so small, it would have been soon delivered in any position with the labour-pains; but as my hand was up in the uterus, it was then better to deliver as above.

This case was of great use to me afterwards; as I discovered by it, that the waters are prevented from coming down by the arm's plugging up the passage, if the membranes are not broken before the hand is introduced into the uterus; and this is a favourable circumstance when the child is large, and in a wrong position; for when the membranes are broken, and the waters pour off all at once, before the hand can be got up, the uterus contracts so close to the body of the child, that it is then more dis-

ficult to effect the delivery.

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CASE II.

The Breech presenting, with the Legs lying across before it, and the Membranes not broken.

A woman, in the year 1743, bespoke me to attend her, because her two former labours had been difficult, and both children had been lost.

When I was called to her in labour, I found, during a pain, the os uteri largely open, and within the membranes the feet and nates of the fœtus; but before mentioning this, I inquired of the patient how her former labours were, and if in the natural way: the nurse anfwered that they were; but on my faying that the child came now in a wrong position, she acknowledged that both the former children came by the feet, and were delivered by different midwives, who were obliged to use a great deal of force, and each a long time before the heads could be delivered; but this circumstance had been kept a secret from the patient, to prevent any gentleman's being called.

Examining after this information, and not finding any figns of a distorted pelvis, I imagined that the loss of the children might have proceeded from the heads of both obstructing the circulation in the navel-strings. Being in hope of succeeding better, I had the patient laid in bed, in an advantageous position, for the more speedy affistance, if the delivery should prove tedious; viz. supine, across the bed.

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bed, and her legs supported by two of my pupils, who were allowed to be present, as a re-

compence for my trouble.

The pains being strong, the waters had by this time forced down the membranes through the os externum; into which I easily introduced my hand, broke the membranes, and brought down the legs and body of the child; but as it stuck at the shoulders, I was obliged to bring down one of the arms, and after that another: I then felt that the difficulty of delivering the head was from the child's being large, and the patient and pelvis small.

As I still felt a pulfation in the funis, I had all along, and at the different efforts, used great caution to prevent over-straining the neck; but after many unfuccessful attempts to deliver in time of the pains, and the pullation of the funis growing languid, as well as the woman's efforts, I was obliged to increase the force, as in cases of the last Collection. I had the long curved forceps ready; but as I had delivered children with more force, and alive, I tried one effort more, by which the head was delivered. At that instant I was forry to find the neck overstrained; and reflected, that this might have been prevented with the above instrument. The child, when delivered, seemed alive; and by using the common method to affift respiration, it gasped three or four times, and expired.

Besides my being forry that I did not try the forceps before this last effort to deliver, I also reslected, that as there was a large quan-

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tity of waters furrounding the child, that the membranes were not broken, the parts largely open, the woman and pains strong, and that her children had been loft from the difficulty of delivering the head; these circumstances confidered, it would have been better practice, as directed in Collect. XVI. Nº 6. Cases 4. 7, and 8. to have introduced my hand into the uterus, broke the membranes, and brought down the head to present; by which means it would have been squeezed down in a lengthened form through the small pelvis, and the child would have had a better chance of coming with more life into the world; but I own I did not think of this method till it was too late, and the body was brought down. [Vide Collect. XXXIV. Nº 1. Cafe 7.7

CASE III.

The Membranes broken, the Arm in the VAGINA, and the Shoulder filling up the Os UTERI, in fuch a manner as kept up the greatest part of the Waters.

Being called to a woman in labour, in the year 1737, the midwife told me that the labour had gone on in the common way, by the membranes being forced down, and opening the internal parts; but in place of the head, the found fomething like a hand or foot within them; on which account the had recourse to my affistance, as foon as the perceived the wrong position of the child.

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Some time before I arrived, the membranes broke.

broke. On examining, I found the hand and fore-arm forced down without the os externum; and being informed that a large quantity of waters had been discharged from the uterus, I expected it would require much force to turn, and deliver, by bringing down

the legs of the child.

Having prepared every thing necessary to prevent hurry and confusion in time of the operation, and having also put the patient in a fupine position, as directed in Collect. XXV. No 1. Cafe 1. I took hold of the child's hand, which was the right, with my left hand, and introduced my right in a flattish form, up betwixt the facrum and the child's arm, where I found the shoulder closely engaged in the or uteri, which prevented all the waters from coming off; for pushing up the arm and shoulder, they, with my hand, flipped with eafe into the uterus.

Finding that my arm filled up the vagina, fo as to prevent the remaining waters from coming down, I with my hand examined the position of the fœtus, and found the head low down at the left fide of the uterus, the nates to the right, at the fundus, with the legs folded up at that fide. As there was a large quantity of waters still remaining, I raised the head to the fundus uteri, and brought down the legs with much greater ease than I at first expected; and the child not being large, was fafely delivered.

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The Breech prefenting, introduced a Hand to turn the Child: and the Membranes broken.

Being called, in the year 1744, to a patient in labour of her first child, I examined in time of a pain, and found the os uteri was open about the breadth of a shilling, the membranes and waters were forced down, and gradually dilating the parts; but not being certain as to the presentation of the child, I defired a midwife, whom I left in waiting, to fend for me when she found the labour farther advanced.

The woman being impatient, I was again called in about two hours; when I found no great alteration, only the os uteri was felt a little fofter, and not fo thick: as the pain abated, I likewife felt fome part of the child; but feared it was not the vertex, as it had not the large round hardness of that part, being rather

fofter and more unequal.

I mentioned nothing of this; but encouraged the patient, and allowed the labour to go on flowly, by which means the os uteri was gradually dilated; and at last I plainly percei-

ved that the face presented.

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In order to prevent reflections, if the child should have been lost in the delivery, I privately, without the patient's knowledge, told her friends the wrong presentation; and on pretence that a fupine position would affift the delivery, I had her conveniently laid in that attitude, fo that I could affift with advantage, in case the waters should be discharged of a sudden.

By this time the membranes had fully stretched the os uteri, and begun to dilate the vagina: but being afraid they would break before they could sufficiently open the os externum, I gradually affisted every pain with two singers in the vagina, to make room to introduce my hand, either to be ready, in case the membranes should break, to bring the head of the sectus into the natural position, if the pelvis was narrow and the head large; or if not, to turn and deliver by the legs.

When the parts were sufficiently dilated, so as to admit my hand, I easily introduced it into the vagina; on which the membranes broke, and some of the waters came off; then I pushed up the head, infinuated my hand into the uterus, and my arm filling up the vagina and os externum, prevented any more from coming

down.

The fore-parts of the child were to the right fide of the uterus: the pelvis was not narrow, nor was the child uncommonly large; and there being still a large quantity of water, I with great ease and safety brought the legs, and delivered the child.

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CASE V.

The Child dead; the ABDOMEN tumified, and inflated so as to be lighter than the contained waters, through which no part of the FOETUS could be felt.

In the year 1744, one of the poor women where the pupils attended, fell in labour in the eight month of pregnancy, about ten days after she had been severely beaten: she had been

in a lingering way for two days.

As the midwives and gentlemen could not feel any part of the child present, they suspected it would be a preternatural case, and fent for me. On examining, I found the os uteri largely open, and in time of a strong pain, the waters forcing down the membranes into the vagina; but when the pain abated, and the tense membranes relaxed, no part of the sectus could be felt. I then observed, as this was the woman's first child, it was still proper to have patience, and allow the membranes to stretch the vagina and external parts.

Having ordered the patient to be laid in a convenient posture, as in the former case, to be ready to deliver in case the feetus should be in a wrong position, I waited until I found the membranes were forced through the os externum, and had sufficiently dilated the same; but sinding them still rigid, the woman weak from want of nourishment, and considering the length of the labour before we were called, I thought it was proper to begin, and, if possible,

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to prevent the loss of all the waters, in case the child was in a wrong position.

As a pain abated, and the membranes were relaxed, I introduced my hand into the vagina; but feeling no part of the child, I concluded it lay across the uterus, with the back,

fide, or belly downwards.

delivery.

In this opinion, I forced my hand up into the uterus, on the outfide of the membranes; which giving way, I infinuated my hand within them, and was furprifed to find the whole body of the fœtus close up at the fundus uteri, and a large quantity of waters below, which were kept from coming off by my arm plugging up the vagina: I also felt the head lower than any other part of the child: the cause of this position I did not know till after

Having fearched for the feet, and brought them, with the legs, without the os externum, I wrapped a cloth round them, and turned the foreparts of the child backwards; but after feveral attempts I could not deliver the Examining the legs, and finding by the cuticula's being livid, and stripping off, that the child was certainly dead, and that the obstruction proceeded from the inflation of the abdomen, I resolved to open it with the scilfars, or the more certain method of the crotchet: but on making another trial, and with a good deal of force, the expanded belly came out all of a fudden; and as the child was fmall, the shoulders and head were easily delivered. ates was presented begins an

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If the membranes had broken, and the waters come off in time of the labour, the head of the child would have presented to the birth. I have had a few cases of the same kind, where I could not feel any part of the child before the membranes were broken, and I could not account for this circumstance before I attended this woman; but I have fince observed. where no part could be felt when the waters were come down with the membranes, and the passage was largely opened, and the head presented after the waters were in part or wholly discharged, that the child had been dead fome time; and from the inflation of the abdomen, was specifically lighter than the waters, especially when there is a large quantity keeped at the upper part of the uterus; but if there is a small quantity, the head will be felt before they are discharged.

Cases also happen, when no part can be selt before, and sometimes even after the membranes are broken in pendulous bellies, and also when the child lies across in the uterus.

NUMBERII.

Children delivered in the four last Months of Pregnancy, from violent Floodings.

CASE I.

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of a Woman in the fixth Month of her first Child: part of the Placenta left in the Uterus.

In the year 1733, I was fent for to a wo-

man, who was attacked with an hæmorrhage from the uterus in the fixth month of pregnancy, occasioned by a tall from a horse: the complained much of pain in her left fide, on which she fell, and faid her belly seemed as overstrained from the violence of the thock.

She was brought home, blooded, and put to bed before I arrived at the place. The parts affected were also fomented and embrocated, with a mixture of oil, spirits, and vi-

negar.

The discharge at first was but small: she had no pains that indicated a miscarriage coming on; and her pulse was regular. I ordered barley-water acidulated with Sp. Vitrioli for her drink; directing her to be kept quiet, that the might get as much natural rest and sleep as

possible.

Next morning, finding that the complained more of the bruifed parts; that the discharge Itill continued; and that the fear of this, and the fright from the fall, had prevented sleep, the was again blooded; upon which the above complaints were abated; and she being coflive, was also much relieved by an emollient glyster.

In the evening feveral small clots of blood were discharged, with slight strainings, and the hæmorrhage returned with greater violence than before. The blooding at the arm was repeated, and a paregoric draught gi ven her, in which were 25 drops of Syden. ham's Liq. Laud. by which means the dif-

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charge again abated, and the fleeped pretty

well all night.

The complaints from the fall were now much better; but she being much dejected on account of the danger of miscarrying, I endeavoured to soothe and assuage her fears. I defired her to keep chiefly in bed; to continue drinking barley-water acidulated; to live mostly on weak broths and panada; and to abstain from fermented liquids, and every thing that was not of easy digestion.

Nevertheless, for several days, a bloody serum was continually draining; and every now and then some coagula came off with strainings; which brought on a fresh hæmorrhage, that

foon abated.

About eight days after she had received the fall, I was sent for in great haste at six in the morning; and was informed, that the discharge of a large coagulum of blood was sollowed by a violent flooding, which still continued.

I found her pulse low, her countenance pale, and she was so faint that she could scarcely

fpeak.

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en. dif. I had all along told her friends the great danger to which she would be exposed, if the flooding should return and increase before la-

bour came on.

Although she had already lost a large quantity of blood, yet it was by intervals; and there had been time between the discharge to recruit her strength by the above-mentioned light nourishing diet. I now found the dis-

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charge rather increased; that there was little probability of restraining it, so that she might proceed in her pregnancy; and I was afraid, if I delayed attempting the 'delivery longer, the might foon be in imminent danger of her life.

At this period of my practice, I did not know, that applying styptics in the vagina, and filling up with doffils of lint, would fometimes restrain the slooding, and assist to bring on labour: neither did I know, that the breaking of the membranes, to allow the discharge of the waters, was of use to restrain the floodings, by allowing the uterus to contract close to the contained embryo or fœtus. Vide Col. xxv. No 2. Case 2. and 7. also Collect. xxv. No 1. Cafe 3.

Having fignified to the friends the danger that the patient was in, I defired the husband to call another gentleman of the profession;

who came accordingly.

After being informed of every circumstance about the patient, he was of the same opinion, and thought it absolutely necessary to deliver

her as foon as possible.

Having encouraged the woman, I had her laid in a firm position, as described in Collect. xxv. No 1. Case 1. and 4. expecting, as it was her first child, it would require a good deal of force, and cost the patient much pain, before the parts would be fufficiently dilated, fo as to admit my hand into the uterus.

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Having laid several doubles of a sheet be-

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low the patient, and being feated properly, I began gradually to stretch the os externum.

Having made room for my fingers, which were contracted together in a conical form, I continued moving them flowly in a femicircular manner and by intervals, till at last I introduced my hand thro'it into the vagina. During these and the following efforts, the patient was told, and imagined it was her labour coming on; by which deception she bore the

pain with great fortitude.

I now found the os uteri only so much open as to receive my fore-finger; by turning which from side to side, it yielded so as to receive the middle, and by repeated efforts, was at last so much dilated, as to enable me to introduce all the singers of that hand: yet after several trials, I could not make a larger opening; and my singers being much cramped, I was obliged to withdraw that hand, which was the right, and try to dilate with the singers of the other; which were also inessectual, so that I thought proper to desist.

The patient having undergone much fatigue, we ordered her ten drops of Liquid Laudanum in a cup of burnt red wine, and applied cloths dipped in vinegar to the external parts, and over the abdomen. Happily for the woman, we found that the flooding was again diminished; and agreed, that supporting her as before with nourishing fluids, to supply the loss of blood, was the only method by which we could hope to carry her on, and

keep her alive until the parts should grow more soft and yielding, or the labour become more

vigorous.

About nine or ten at night, the flooding returned, but was foon restrained by giving a draught with 15 drops of Liq. Laud. She continued in this way for three days, the flooding returning four or five times, and aba-

ting on repeating the draught.

At the end of this period, she was again attacked with another violent discharge, which did not abate as formerly. Finding the os uteri softer, and to appearance more yielding, I made a second trial; and at last with some dissiculty dilated so essectually, as to introduce my hand into the uterus; then breaking the membranes, I found a larger quantity of waters than could have been expected, considering the smallness of the child.

To prevent the weak patient's fainting, from the sudden emptying of the uterus, I desired one of the assistants to press on her belly with both hands; and after I got hold of the feet of the child, I slowly brought down my arm which had keeped up the waters, that they might be discharged by degrees, and at the same time desired the assistant to press a little more. The child being small was easily delivered; it came into the world alive, but died in a few hours after its birth.

As the placenta did not follow by pulling gently at the funis, I again introduced my hand, and found it at the back part of the uterus, the inferior part of it adhering firmly, and

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feeling like a scirrhous substance: I therefore did not venture to separate it, for fear of tearing the inner substance of the uterus; but only brought down that part that was already feparated; for, fome time before this, I had a patient who I imagined was loft by using too great force to separate the placenta in the feventh month.

Although the violent discharge was much abated after delivery, yet the patient feemed to be in great danger from repeated faintings. her pale countenance and low pulse : for these reasons I prescribed five drops of Lig. Laudanum in a little burnt claret, applied a cloth dipped in vinegar to the abdomen, with a long towel pinned round her body. We were obliged to keep her lying on her back, with her head and shoulders in a low position, for at least two hours, before we durst venture to place her right in bed; giving her every now and then fome broth out of a tea-pot, and likewife fome more of the red wine: we also repeated the same doses of Lig. Laudanum a fecond and third time; in consequence of which, she at last fell into little doling flumbers, and at last recovered from the most imminent danger.

She continued in a weak condition for many days: that part of the placenta which was left behind communicated a disagreeable and mortified smell to the discharges, and did not separate and come off before the fifth or

fixth day after delivery.

I have been the more particular in descri-F 5 bing. bing every circumstance of this case, to show young practitioners the difficulty and uncertainty of managing flooding cases, especially in the last four months of pregnancy; for they frequently stagger the judgment of the most experienced practitioners.

CASE IL.

A Woman attacked with a Flooding in the seventh month of Pregnancy: the Os UTERI tore in the Delivery.

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In the year 1742, I was called by a midwife to one of her women, who had been attacked with a flooding for feveral days, and was then only in the feventh month of uterine

gestation. Wand bit an ast want weak it a

The midwife told me, that the patient had been blooded, and every thing done to restrain the discharge; but now it was increated to that degree, that it had run through the bed; that she had undergone frequent faintings, every one of which it was feared would be her last: the midwife also informed me, that she had something like labour-pains every now and then.

The woman's pulse was low, her countenance pale, and indeed like one ready to expire: on examining, I found the os uter open near the breadth of half a crown, and the breech and feet of the fœtus presenting.

I gave the patient five drops of Laud. Liqin a little red wine, and repeated the same every five minutes for three times; not daring to give more at a time, on account of her weak condition, as the flooding still continued. When she seemed to have a little straining, I tried to bring on a pain, by stretching the osuteri with one of my singers; this forced the membranes and waters down so strongly, that I broke them; but finding, after waiting some time, that this had not the desired effect to restrain the flooding so much as I expected, I

repeated the Laudanum.

As the woman continued to have frequent faintings and cold fweats, I told the friends that there was little hope of life, even if she were delivered, and gave my opinion that perhaps she would expire in the attempt; but as they begged that I would try, and as it seemed the only method, and the last resource to save her from death, I stretched the parts gradually, and delivered the seetus; but as it was her first child, it required a good deal of sorce to dilate the os uteri; and on introducing my hand through it, I felt it give way, and tear on the lest side.

The child was alive, and lived till next

day: the placenta followed the delivery.

The patient fell into a kind of dofing, and recovered contrary to expectation, confidering the low condition she was in at the deli-

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The laceration of the os uteri gave me a deal of concern. I had been formerly employed in a case, where the woman was not so weak; and by using great force, in order to lave both mother and child, the os uteri was

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tore; the woman died foon after from loss of blood, as I then imagined, proceeding from the torn vessels of the uterus. Vide Case ix. of this Collection.

CASE III.

A violent HEMORRHAGE in the eighth month of Pregnancy; the PLACENTA presenting at the Os UTERI, and neglected by an eminent Doctor.

In the year 1746, a midwife sent for me on Sunday, about one in the morning, to a woman who was excessively weak and low from a violent flooding. She had formerly been delivered by a gentleman of several children.

The midwife at first informed me that she had been but lately called; that the patient had lost a great deal of blood, and was in the

utmost danger from frequent faintings.

The woman's pulse was so low that I could with difficulty feel its motion; a cold dampness overspread the face and extremities, and she could scarcely speak. On examining, I found the mouth of the womb largely open, the placenta lying over it, and the vagina fill-

ed with coagulated blood.

I inquired of the husband why he did not fend sooner for affistance; but he made a frivolous excuse, about the person's being engaged who was to have laid his wife; being afraid, as I found afterwards, that if he had told me the truth, I would have resused my affistance until the other gentleman should be called again: mean while, he begged for God sake

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I would do all in my power to fave his wife. I told him the case was dangerous, and so much time already lost, that a speedy delivery was the only method lest; though I was much asraid she would expire in the operation.

All present were convinced of the danger: I was moreover informed, that the patient had a small degree of flooding for several days; but that evening it had increased with greater violence, and was attended with some labourpains; which last had lest her for more than two hours.

There being no broth ready, I ordered an egg to be beat up with warm water, seasoned with a little salt, to which was added some red wine; a little of this was given immediately. In the mean time I prepared every thing for the delivery, and desired the midwise to move the patient nearer the side of the bed, with her back towards it. During this alteration, she again fainted; and indeed every one present imagined she would not recover from the swoon.

When recovered a little, she, in a low tone, begged earnestly to be delivered, her strength being somewhat recruited. I introduced my hand into the vagina, and tried to reach the membranes, in order to break them; but the placenta was over the mouth of the womb. I being afraid of tearing the after-burden, slipped my hand slattened through the os uteri, and betwixt that and the placenta, until I reached the membranes; which I broke throby grasping them with my singers; then taking

king hold of the legs of the fœtus, which were at the fundus uteri, I brought them down

flowly into the vagina.

The midwife was feated on the opposite side of the bed, on purpose to press with both her hands on the abdomen, to prevent, as much as possible, the patient's fainting away, from the too fudden evacuation of the uterus. As there was a large quantity of water still detained. I defired that the pressure might be increafed when I withdrew my hand; and although the head was at first downwards, it eafily turned up to the fundus when I brought down the legs, who were the construction of th

Finding the patient bore the operation without fainting, I removed the wet cloths above, and applied dry ones to the external parts: I ordered some more of the eggcaudle and wine to be given; and then, with great case, delivered the child, which was dead. The fecundines followed, being forced out by the weak effort of the woman, along with a large quantity of coagulated

When recovered a little, the in a low.boold When I introduced my right hand into the uterus, to deliver the child, I passed the edge of the placenta, at the patient's left groin, and found it adhering to the back-part and right fide of the under part of the uterus: this was an advantage, in confequence of which I got fooner to the membranes. That part of the placenta, which was detached, and over the os uteri, was of a dark livid colour; the by the thing the converges to be other

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other that adhered to the uterus, was fresh

After delivery the flooding abated, and to appearance the patient feemed a little recruited, and lay pretty quiet for some time; but in an hour after she began to have a difficulty of respiration, which gradually increased, with rattling in the throat; at last she fell into faintings and convulsions, which soon closed the dismal scene, by putting a period to her life.

The midwife, who was an old practitioner, and in good repute, told me, that the gentleman who formerly attended the patient in all her labours, had been called fome days before, and ordered what he thought proper in fuch circumstances; but the complaint increafing, and he being otherwife engaged, the midwife was fent for at his defire, on Friday night, when she found the patient had a small degree of flooding, which increased and diminished by intervals : but as she found nothing like labour beginning, fhe defired the patient might still continue to take what was prescribed by her physician. She was again called next evening, when she found something like labour-pains, the mouth of the womb a little open, and some foft substance like the placenta presenting. On this the Doctor being again fent for, declared what presented was only a large coagulum of blood; and went away, after ordering some other medicines.

As the flooding continued to gain ground, the husband went for the Doctor about ten at

might, but did not find him at home. The hamorrhage increasing, and the woman appearing to be in imminent danger, he went again about twelve, and found the Doctor in bed; who said he could not go with him, because he expected to be called every minute to another patient, to whom he had been previously engaged. In a word, he could not be prevailed upon by all the intreaties the gentleman could make; so that immediately on the husband's return I received a call.

After this information, the midwife proceeded with bitter exclamations, inveighing against the Doctor for abandoning the woman, and leaving her in extremity, as he had done

frequently in other dangerous cases.

I have mentioned these circumstances as a warning to other female practitioners; and recommend their being in friendship with gentlemen of the fame profession, who may be ready to affift in fuch dangerous cases, when they are otherwise engaged, both from motives of humanity and a regard for their own cha-I understood afterwards, that the above gentleman thought himself above being in friendly correspondence with midwives, from too much felf-sufficiency. In a little time after this occasion, he was, for neglecting 2 patient in the same circumstances, exposed, fued, and cast in a considerable sum of moto being historied fit anvierantoriestill but the same and out the reaching and

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CASE IV.

A Woman seized with a Flooding in time of Labour; the Arm and Shoulder presented, detained some of the Waters after the Membranes were broken.

A MID WIFE sent for me to a woman near Westminster-abbey, in the year 1741. She told me her patient was attacked in the beginning of labour with a discharge of blood, which was not violent at first; but as she found it increase, she desired my assistance. Before my arrival the membranes had given way, and one of the child's arms come down into the birth. I understood the slooding had diminished, and that now there was but very little blood on the cloths.

On examining all the cloths, I found there had been a good deal of blood lost; nevertheless, although the woman's pulse was low, yet she did not seem so weak as I expected. Indeed, before I examined the case, I ordered her to take some wine with her caudle, to strengthen and recruit her spirits.

On trial, I found the arm lying double in the vagina, and the shoulder pressed in at the upper part. Being asraid, if I delayed the delivery, it would be more difficult to turn the child, I caused the patient, as she already lay in a supine position, to be brought down to the foot of the bed; the weather being cold, and that part nearest the fire-place.

I ordered two affistants to support her legs; and as it was not her first child, I easily introduced

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duced my hand into the vagina. There being a small quantity of waters retained in the uterus, from the shoulders plugging up the os uteri, I with great ease pushed up to the arm and shoulder into the uterus, raised them up to the fundus, brought down the legs, and delivered the child, which was but small, the placenta

following without any affiftance.

While I was employed in dividing the funis of the child, which was alive, one of the affiftants told me that the woman was fainting away. I immediately gave her the child, and pressed on the abdomen of the patient with both my hands, having forgot that precaution in time of the delivery; but instead of recovering from the fainting, she was immediately thrown into convulsions, and died instantly. Besides the pressure on the abdomen, every method of stimulating was tried to prevent the fatal catastrophe, as volatile salts, spirits, and burnt feathers held to the nose, to quicken respiration, also frictions of the temples, arms, and legs.

I reflected afterwards, that the fainting did not proceed from any new evacuation of blood after the delivery, as there was very little on the cloths, but from the neglect of the preffure, As the flooding had stopped after the membranes broke, it perhaps had been fafer to delay the delivery till the patient recovered more strength, or at least until the pains returned, which were gone off on the discharge of the waters; for the shoulder of the sœtus

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CASE V.

A Woman in Labour attacked with a Flooding, the Membranes not broken.

In the year 1748, a woman near Templebar, of a very weak habit of body, having been under great affliction for the loss of her husband, was suddenly taken with a violent hamorrhage, upon which a gentleman, who had been bespoke to lay her, was sent for about sour in the morning; but he being otherwise engaged, I was called about seven, and desired, by an acquaintance that came for me, to make all possible haste to prevent the woman's being lost for want of proper assistance.

In this emergency a midwife had been also called, who told me that the patient had some slight pains, and had not lost much blood; in which affertion she was contradicted by the attendants, as well as by the woman herself: they desired me to examine the cloths, where indeed I found a large quantity; and was informed that the midwife made slight of the affair, to prevent another being called.

As I found the patient's pulse very low, and her countenance pale, I told the friends the danger, and defired them to send again to the other gentleman, as he might now be disengaged; but this was objected to, as it would take up too much time, especially as he lived at a considerable distance; they therefore begged

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us ld I would not delay affifting the woman, who

was in fo deplorable a condition.

On examining, as the patient lay on her fide, I found the os uteri fully dilated, the membranes and part of the placenta presenting. I introduced my hand in a conical form into the vagina, intending to break the membranes. that the waters, after being discharged, might allow the uterns to contract to the body of the child, and restrain the flooding: but the membranes were rigid; and in making an effort to lacerate them, my hand flipped eafily through the os internum into the uterus, on the outfide of the membranes. After having broke through them, I delivered the child and fecundines, as in the former case, but in a flower manner. I ordered one of the affistants to press the abdomen with both hands in time of the operation.

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The child was alive, the hæmorrhage abated, and the patient, who bore the delivery with more courage than I expected, feemed at first to be in a good way; but having lost more blood than her weak condition could well bear, in a little time her pulse became low and creeping, and her extremities grew cold. I then ordered warm bottles of water, wrapped in flannel, to be applied to her feet, legs, hands, and arms, and supplied her frequently with chicken broth, which was then ready; I also prescribed a cordial mixture with Confect. Cardiac. a spoonful of which was to be given from

time to time.

In consequence of these precautions, she enjoyed joyed fhort, yet interrupted flumbers, and recovered, contrary to my expectation; but was feveral weeks fo low that she could not fit up. In about fix weeks after fhe was carried to the country, and recovered her strength by drinking affes milk.

A Woman attacked with violent Flooding in time of Labour; the FUNIS fallen down before the Head of the Child, and the Membranes not broken.

In the year 1752, I was called in the evening to a patient in labour, by whom my attendance had been bespoke. I found the os uteri rigid, and open about the breadth of half a crown. This trial being made in time of a pain, I waited till it went off; and the membranes being relaxed, I felt the head of the fœtus within them, resting above the ossa pubis: but between that and the membranes I felt fomething like the funis umbilicalis lying backwards towards the facrum, in two or three doubles. As the had not had a stool for two days, one was procured by administering an emollient glyfter din odf I desig an all

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Having waited till about ten at night, and finding the pains were but weak and feldom, I fent for Mrs Maddocks, a midwife whom I kept on purpose to attend my patients in lingering cases, and defired her to put the woman to bed, in hope the would obtain fome fleep; but injoined her to fend for me when

the pains grew stronger, and before the membranes broke.

About fix in the morning I was called in a great hurry, and not a little furprifed when I came into the room to find the patient pale and fainting, the friends furrounding the bed all in tears, begging my affishance to fave the woman's life.

The midwife I left told me the patient had flept a good deal till about five, and had only waked now and then with the pains; that there had been some shews, or a very small appearance of blood on the cloth; but that all of a sudden she was attacked with a flooding in time of making water, which had almost filled the pot, and that it still continued to pour from

her in a large quantity.

On examining the cloth that had been applied to the parts when the fainting began, I found very little blood; the hæmorrhage having been restrained in time of the deliquium. The patient recovering, and taking a little wine and water, I felt the os uteri largely open, the membranes pushed farther down, and part of the edge or side of the placenta at the less side of the os uteri; I also with more certainty distinguished the funis on the inside of the membranes, and the head in the same position resting above the pubes.

This case being uncommon, I was uncertain at first how to proceed; but at last considering with myself, if I broke the membranes to evacuate the contained waters, so as to allow the uterus to contract and restrain the flood-

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ing, the fœtus would be lost by the pressure of the head against the funis in time of delivery, I resolved, in order to prevent this missortune, to turn the child, and bring it along in the preternatural way, which would give a better chance to restrain the one and save the other, if the operation could be performed in a slow cautious manner.

As there was no broth ready, I ordered the whites of two eggs to be beaten up with a pint of warm water, feasoned with salt; this to be given the patient from time to time with a little wine, to replenish the emptied vessels.

Having affigned to the midwife and the other affistants their proper stations, and prepared every thing necessary, I examined in time of a pain, which forced out some coagula of blood from the vagina, with a fresh discharge. As the patient lay on her left side, I kneeled down on a cushion behind, introduced my right hand into the vagina; and as the placenta was at the left side, I turned my hand so as to slide it gently through the os uteri, and up betwixt the membranes and right side of the uterus.

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Having grasped and broke the membranes, I infinuated my hand within them, raised the head to the fundus, and turning the foreparts of the child to the back part of the uterus, brought down the legs into the vagina, allowing the waters to come off by degrees. Meanwhile I desired one of the assistants to press with the palms of her hands on the patient's

tient's belly, and increase the pressure as the uterus emptied. The patient endured all this

with great fortitude.

Having cleared away the wet cloths, and applied dry ones to the parts, I observed that the flooding was diminished, and rested more than half an hour. In the mean time I directed her to take several times some of the above caudle. Finding her strength and spirits recruited, I delivered the child, which was small, with great ease, and the secundines followed.

The pressure was continued on the abdomen of the patient until a long towel was applied round her middle, and secured so as to do the

office of a firm bandage.

The child was very weak at first, but recovered. The mother continued in a low condition for many days, being supported with broths and cordials; but was able to get out of bed in three weeks.

CASE VII.

A Woman in Labour attacked with a Flooding; the Child delivered Footling, in the year 1747.

THE midwife, when called, was informed by the patient that her pains were but flight and feldom; but she was much alarmed at some blood that came away every time, as there had been no appearance of any such complaint in her former labours.

When the midwife examined, the found the mouth of the womb a little open; but could

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not distinguish any part of the child: and the woman being of a weak and delicate constitution, she told the friends the danger she would soon be in if the discharge increased. On this information Dr Gordon being sent for, ordered an anodyne mixture; and as he was obliged to go out of town, desired them to call me if the slooding did not go off, or strong labour come on.

Soon after this the patient was taken with violent and frequent retchings, which very much increased the slooding. On this I was immediately sent for: but being called in great hurry from one labour to a second, the messenger could not find me, and went for Dr Sands. In the interim I came home; and being informed of the message, reached the house before he could arrive.

The labour-pains by this time were gone off; the patient's lips and countenance were pale, the pulse had funk, and she was attacked with frequent singultus. On examination I found the os uteri largely dilated, the membranes and waters presenting, and something like the singers and funis umbilicalis of the sectus within them.

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By this time the flooding was a little abated; on which it was proposed to send and prevent the other gentleman's coming, as he lived at some distance; but I told them by no means, as the woman was still in the utmost danger, and it was very proper to have his advice and assistance, both on account of the patient, as

Vol. III. well

well as to prevent reflections, and for the fatisfaction of all concerned.

By the time my brother accoucheur arrived, I had given her every now and then a little broth and wine to recruit her finking spirits; and when he examined, he told me that he found these parts mentioned above, and likewise the head of the child forwards and resting above the offa pubis. This I had not perceived; for as she lay on her lest side, I had only examined with a singer of my right hand, which I could not turn above the pubes; but on trial with my lest, I easily found the head resting above these bones.

After consulting together, and considering every circumstance of the case, he at first proposed, as the flooding was diminished, to give the patient a paregoric draught, and wait with patience for the return of the labour; but soon after this, and before the medicine arrived, she was attacked with a violent sit of retching; which forced down a large coagulum of blood, attended with a return of the flooding, which

ran over the bed.

This sudden change altered our former refolution; and we now concluded, that the only method to save the patient's life was a speedy delivery. Indeed I was of that opinion at first, on account of her weakness, as well as in respect to the safety of the child, as the sunis had fallen down before the head.

The fide of the bed being wer, and at a diflance from the fire, I had the patient turned to her back, and moved down to the feet.

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While two assistants supported her legs, I kneeled down, and, with greater ease than I expected, introduced my hand into the uterus, and delivered the child and secundines, much in the same manner as in the former case; having taken almost the same precautions to prevent the patient's fainting away and finking under the operation.

There was no appearance of life in the child; yet no part of it was livid; neither the lips nor private parts; a circumstance which plainly shewed that it had not been long dead.

As the flooding was now stopped, we ordered the patient to take about a tea-cup full of
broth every quarter of an hour or oftener, to
support her, and recruit the loss of so much
blood; but not too much at a time, less her
weak stomach should be overcharged, and
bring on again the retchings, to which she was
very subject (as the nurse informed us) even
in time of health. We likewise directed her,
if she should not get refreshing rest, or if the
slooding should return, to swallow the paregoric draught already prescribed; in which were
twenty drops of Tines. Thebaic.

By these precautions, and proper attendance, the seemed for 18 or 20 days to be in a good way of recovery, considering her weak and delicate constitution. *Vide* Collect. xli. No 5.

Case 7.

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A Woman in Labour attacked with a violent Flooding: the PLACENTA presented; the Woman died immediately after delivery.

In the year 1750, one of my patients fent her coachman to me, defiring that I would go to his wife. He informed me that she had been in labour above 24 hours; that she had formerly eafy labours; but now she was reduced fo low by a fudden loss of blood, that he was afraid she would fink before I could reach the house.

On my arrival, the midwife told me, that as foon as labour began, the patient was taken with a fmall degree of flooding, which had gradually increased as the mouth of the womb opened; but that she had all along found an uncommon fubstance prefenting, and had some hours ago defired the friends to fend for a Doctor; a propofal to which the woman herfelf would by no persuasions consent to.

She was to all appearance in a dying condition, nearly as described in Case 2. and No 2.

of this Collection.

On examining, I found the os uteri largely open, and the placenta over it; on which I fignified to the husband and friends the great danger, declaring I was apprehensive she would expire in time of delivery, and that it was a great pity she would not allow affistance to be called for before it was too late.

Her fifter begged that I would deliver the child, child, as it was now the only chance to fave her life; and if the should die, no person could be blamed.

I used all the precautions as in Case 7. but in passing up my hand by the placenta into the uterus, I could not break through the membranes.

I was therefore obliged to withdraw it, and push my fingers through the placenta; then I delivered the child in the preternatural way, on which the flooding stopped; but she was so weak that she expired in a few minutes.

Yet, contrary to my expectation, especially as the placenta presented, and was tore throthe middle, the child was alive.

C A S E IX a 7 1 value

A Case of Flooding; the Os UTERI tore; the Patient in great danger after delivery, 1742.

A woman, aged about 30, who had been delivered of several children before, was taken with a violent discharge of blood from the uterus: she was immediately blooded; opiates and restringent medicines were prescribed.

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They restrained the hæmorrhage a little; but it returned with more violence, and to such a degree, that when called again, I expected she would expire every moment.

The midwife informed me, that something like labour was begun; on which I examined, and found the os uteri open about the circumference of a crown piece, and very thin.

The relations of the patient all begged of G 3

me for God's fake to deliver her as soon as possible, to give her a chance for life, and not to let her belly be the grave of the child.

I complied with their request, and delivered her much in the same manner as described in Cases 6 and 7 of this Collection and Number; but unluckily, when stretching the os uteri, which selt thin and rigid like a piece of parchment, the woman shrunk from the side of the bed, which obliged me to dilate with more force than I intended, to get my hand into the uterus; at which instant I selt the mouth of the womb give way, and tear at the side, so as to allow my hand to pass without further difficulty.

The flooding diminished after delivery, on giving her 15 drops of Tinet. Thebaic. but returned in two hours, and ceased again on re-

peating the same medicine.

She flept pretty well all night, was next morning much recruited by the retreshing rest and nourishing diet; but soon after was attacked with a violent hamorrhage from the wagina, by which she was in great danger of expiring immediately.

This was checked by introducing into the vagina a sponge dipped in a solution of alum.

To me it seemed probable, that this flooding might proceed from some of the large vessels being tore that enter at the side of the uterus.

She was long weak; but by the affiftance of the Cort. Peruv. and a nourithing diet, recovered.

The child was alive, and at the full time. Vide Collect. xxxv. Cafe 10. and Collect. x1. Cafe 8.

As I principally write for the instruction of young practitioners, I have inserted the following cases, sent me from gentlemen who formerly attended my courses of midwisery, as I think they may be also useful for the same purposes,

CASE X.

A Woman attacked with a Flooding; the PLACENTA presented; delivered by Mr Gr-, who sent me this account some time ago.

In August 1750, I was sent by Dr Smellie to a patient, who complained of a violent cough, which had continued eight or ten days, and was the occasion of bringing on a slooding, for which she had been blooded a few days before. She was of a thin habit of body, and sallow complexion, had a slow and weak pulse, which was now and then raised by fits of coughing.

That night I gave her ten grains of the Pilulæ Saponac. and next forenoon the was confiderably better both as to the cough and flooding. In the afternoon the was ordered to take two spoonfuls of a cordial and pectoral julap frequently; the pills were also repeated, by which means the rested very well that night: but next day the cough and flooding returnted, for which I took about ten ounces of blood

from her arm.

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When I first examined, the os uteri was not in the least dilated; but this day she having had fome flight labour-pains, it was open about the largeness of a fixpence. As she was coflive, I ordered a glyfter, which had its proper effect; and after that the following mixture, to strengthen and encourage the pains.

B. Pulv. Boracis 3ij. Tinel. Caftor. Croci aa 3i. Spir. Lavend. Sal. vol. Oleos aa gt. xl. Aq. Cinnamomi ten. 3j. Aq. Mentha 3vj. Syr. Croci 3jB. Cap.

Cochlear. ij. fecunda quaq. bora.

After this her pains came on stronger and more frequent; but all of a sudden she was attacked with a violent fit of coughing, which again brought on the flooding, and forcing down a large quantity of coagulated blood. In this emergency, I was fent for in a hurry, and found the os uteri largely dilated, the placenta presenting, and several lobes of the fame separated from the membranous part, and lying amongst the coagula that had been los combideces lada

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discharged.

At this time she had no pains; and the midwife told me that the waters had been come off about an hour before I arrived: this was about one in the morning. Finding her faintifh, with fcarce any pulse, and her extremities almost cold, with a clammy sweat upon her head and hands, I told the friends the danger she was in, and the necessity of delivering the patient directly. Having put her in a fupine pofition, and ordered every thing necessary to be in readiness, as the placenta lay in my way, I first brought that away, then turned and delivered

vered the child by the feet with great ease till I came to the head, which, as it was large. fluck in the passage, until I introduced one of my fingers into the mouth, and depressed the lower jaw, which affifted the head to come along with great eafe.

On examining the child's body, I perceived it had been dead many days, from the livid appearance of the same, but more especially from the fcarf-skin being stripped off in several

places.

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As the fecundines did not follow the delivery, I again introduced my hand, and brought them down, with the remaining part of the placenta; and ordered the patient some Oh. Amygd. d. and Syr. ex Althaa, for her cough; also some Ther. Venet. with Pulv. Gascon. to warm her, and promote perspiration.

When I faw her next morning she was a little feverish; the lochia were in a small quantity, but her cough was much abated, and she had got tolerable good rest. To affuage the fever, affift the uterine discharges, I ordered her to take repeated doses of the faline draught. sweetened with Syr. Diacod. which relieved her much; and by proper nourishment she recovered better than I expected.

CASE XI.

From Mr Mudge, dated Plymouth, 1746. A delivery in a violent Flooding; the woman died foon after from the great less of blood.

I was called to a woman in the forenoon, G 5 about about half an hour after eleven o'clock; and was informed, that as she was spinning in the morning at six, she found something gush from her with so much force, as made her suspect it to be the waters; but on looking on the floor she found it was blood. She had continued flooding in that violent manner till I was sent for; she was come nearly to her full time, but had not felt any pain through the whole.

The patient was lying on the bed, her whole body was pale, and had a livid appearance, covered with a cold clammy fweat, and without almost any pulse. I was showed a chamber-pot three parts full of pure blood; and it was now pouring down in so great a quantity, that I imagined the only chance to save her life was

a speedy delivery.

After acquainting the friends of the imminent danger, I examined, and found the parts greatly relaxed, and the head of the fœtus presenting to the birth, which I passed with my hand to seek for the seet; but the first thing I met with was the placenta, quite detached, and lying loose in the uterus. This puzzled me at first, and made my coming at the membranes somewhat dissicult and confused; however, I got to them, tore them open, and taking hold of the seet, brought them down to the passage, and soon finished the delivery. On introducing my hand to bring off the secundines, I found the uterus not contracted, but lying like a loose unelastic bag in the abdomen.

The flooding stopped directly, and the woman feemed much revived. I gave her 20

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drops of Liq. Laud. in a cup-full of mulled port wine; but not having a fufficient quantity of blood left in her veffels to carry on circulation and vital fecretions, she died in about half an hour after delivery.

CASE XII.

A second Case of Flooding, from the foregoing gentleman, sent me at the same time.

This was another woman, nearly in the fame circumstance as the former, with only this difference, that she had not lost quite so much blood.

When the fent for me, I found her flooding very fast. She was come to her full time, but had no pains, nor any appearance of labour. I gave her an opiate, and defired her to keep quiet in bed. This was about eleven o'clock in the forenoon; and when I called again, about half an hour after one, the hæmorrhage was not gone off, but rather increased.

The former case was too fresh in my memory to delay my affistance in this; I accordingly told the patient the great danger she was in, and that it was absolutely necessary to deliver her as soon as possible: with some little reluctance she consented.

Having introduced my hand into the uterus, I was very cautious of keeping up the waters. On infinuating my hand through the membranes, I raised the head, turned the child, brought down the feet, and perfected the delivery in a very few minutes; the pla-

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centa was in great part detached. The mother did very well, and the child was a strong healthy boy.

C A S E XIII.

A third Case from the same. A Woman in the eighth month attacked with a Flooding; the Arm of the Child presented.

A WOMAN, who had bespoke me to attend her in labour, was seized with a violent flooding when seven months gone: on which account I took ten ounces of blood from her arm, ordered her an opiate, and desired that she should keep quiet in bed. The hæmorrhage abated, but returned next day; when it was again stopped by repeating the opiate, and ordering her a course of saline draughts.

For 12 or 14 days, the patient continued to have frequent returns of the floodings, which were as often restrained by the above methods; at which period, being sent for again in a hurry, I found the discharge violent, her pulse exceeding weak, her countenance pale, her eyes sunk in her head, and to all appearance she was in a dying condition. I immediately gave her a large opiate in a cordial draught, that it might have the full effect by the time the delivery was finished.

As foon as every thing necessary was prepared, and the patient laid in a right position, I introduced my hand, and found the right arm of the child in the passage, which was eafily and gradually pushed up into the uterus.

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This I found strongly contracted, the waters having, as they informed me, gone off three days before. With my hand I gradually dilated, until I reached the feet of the fundus; and bringing them down with some difficulty, I finished the delivery in the usual manner, after giving the proper turns, that the fore-parts of the body should be towards the facrum. I also had some difficulty in delivering the placenta.

The woman recovered; but the child died in a quarter of an hour after it was born.

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C. A S E XIV.

A fourth Case of Flooding, from Mr M. in which the PLACENTA presented.

A woman being feized with a flooding in the morning, fent for me in the forenoon: she was come to her full time, and a week before had some appearance of the same kind.

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She had no pains; her pulse was high and quick. I immediately took blood from her arm, ordered an opiate and some saline draughts. The discharge soon abated, and she remained without any appearance, till seven in the evening, when I was called in a great hurry by a servant, who said her mistress was dying; and was met by another in the way, repeating the same exclamation.

On my arrival, I indeed imagined the patient was just a-dying; her pulse was so low, that it could scarcely be felt to move; her face and arms were covered with a cold sweat; her

eyes had loft their luftre, and the blood was

pouring from the parts.

As nothing but inftant delivery could give her the least chance, I informed the husband of the circumstance. He consenting, I then feated myfelf, and having introduced my hand into the vagina, found the os uteri much to one fide, and fo little dilated, that I could fearce introduce my fore-finger; but by ftretching the fame gradually, and flipping in one finger after another, I at last dilated it so as to receive my whole hand. The first thing I met with was the placenta fixed to the mouth and anterior part of the womb, but separated on the back part: I broke through it, tore open the membranes, and taking hold of the feet of the child, brought them down to the pasfage, and with great eafe finished the delivery: but in the hurry to fave the woman's life, one of the child's arms was broke, which I afterwards reduced; and it proved a stout hearty boy.

The patient recovered, contrary to the expectation of all present; and both she and the child, I am persuaded, must have inevitably perished, if this method had not been taken, or even if it had been longer delayed.

I again repeated the opiate in a cup of mulled wine; notwithstanding which, in about five or fix minutes after, a fainting fit had nearly carried her off. To prevent any further discharge, which, though trifling, she now could not bear, I ordered cloths, dipped

and wet with vinegar, to be applied to her back, and over the belly. The woman was of a thin habit, and tender constitution.

CASE XV.

Delivery of a Woman, attacked with an UTERINE HEMORRHAGE, in a letter from M. A. dated E. 1751.

A woman, aged 40, and seven months gone with the 17th child, was threatened with a flooding, for which she was blooded, and confined to her bed for sour weeks; after which the hæmorrhage returned, and continued, though not violent, for two days; on the third, at three in the morning, the blood came away in a torrent, and overslowed the whole bed.

When I arrived, which was about five, the patient was faintish, with scarce any pulse to be selt; on which I intimated the great danger, and that it was absolutely necessary to deliver the child as soon as possible.

When every thing was prepared for that purpose, I examined, and found the os uteri not sufficiently dilated; however, I got hold of a foot, and pulled it down, without searching for the other, and delivered the child with great ease, having neither been obliged to bring down the remaining leg nor arms.

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The child was large and healthy, according to the woman's time of reckoning; the hammorrhage,

morrhage, thought not violent, continued two days longer, and the mother recovered.

C A S E XVI.

A case of Flooding, in which the PLACENTA presented; in a letter from Dr D. dated T. 1750.

He was called to a woman in the eighth month of her fixth child, who had been subject to floodings for two months before. The nurse showed him the bed-pan, in which was about two pounds of coagulated blood; and on examining the patient, the vagina was full of the same; the os uteri was lax, and open about the breadth of half a crown; but he was at a loss at first to know what presented.

As the patient was excessively weak, faint, and low, he was afraid she would expire under his hands. He told her friends, that the only way to save her life was a speedy delivery; however, he tried to raise her spirits with gentle cordials; a glyster was also administered, with a view to affist the pains, which were but trisling; and when it operated, the coagula were forced from the vagina.

As the flooding still continued, he had the patient placed in a supine position; and having introduced his hand into the vagina, found the placenta presenting; after which, with great ease, he dilated the os uteri, slipped up his hand on the outside of the membranes, and with some difficulty tore them as under. Al-

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though he found the head of the child prefenting, he durst not, as the woman was lying like a corpfe, wait for a natural delivery, but immediately turned the fætus, brought down the feet, and with little difficulty delivered the body and head, which were very flippery and flabby, the child appearing to have been dead feveral days. 1 as attrial and compliant

He with some difficulty separated the placenta from its adhesions, and was agreeably furprised that there was no sensible flooding; all present were delighted to find the patient so sensibly recovered and cheerful after deli-

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in local working the tent the top feet in He ordered a gentle opiate to allay the after-pains, which had the defired effect; the lochia were fufficient, and in short every thing was to his wish; but a fever intervened, with irregular horrors and rigours, attended with fingultus, delirium; and in spite of all endeavours, she died on the fourth day after devery.

The Doctor being desirous of my opinion as to his conduct in this case, and two others, which are inferted in Collect. XXVIII. Cafe 5. and 34. No 2. I fent him the following an-

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SIR.

in a contribution of the contribution of Your conduct and method of treating the three cases of midwifery, which I received with your letter some posts ago, gave me great fatisfaction. The first, where the arm of the child presented, has no doubt convin-

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ced you, that it is only losing time, as well as fatiguing the patient and yourself, to try to alter a preternatural position into a natural, when the waters are discharged, and the uterus strongly contracted, and embracing the body of the setus.

As to the case of slooding, it was indeed enough to damp your spirits, and even to have had the same effect on an old experienced practitioner. No doubt the woman retrieving her spirits and strength after delivery, gave you great hopes of her recovery; but the issue shows the uncertainty of human endeavours, and that we should never be too secure. I commonly, in such cases, to prevent and carry of a fever from inamition, order repeated doses of the bark.

Your management of the third case was also very proper; and, as you observe, the forceps should never be used but when absolutely necessary. Indeed, when the head is so low in the pelvis, that you are certain of succeeding, and the pains gone, or too weak to force out the same, that instrument supplies the place of hands, when the singers slip and cannot take a proper hold; but even then, the head ought to be brought along in a slow manner, and as the pains would have acted, if they had been sufficiently strong.

Dear Sir, go on and prosper, and continue to write me when any more difficult cases happen in your practice, which will much oblige,

Yours, &c.

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NUMBERIII.

Women attacked with Convulsions; the Children delivered in the Preternatural way.

CASE I.

A Woman in Clare-market attacked with violent Convulsions, in the year 1745.

A MIDWIFE sent for me in the morning to a patient whom she had attended all the fore-going night; and who, without any accident, or previous warning, was all of a sudden thrown into convulsion sits. At first they only returned every two or three hours; but afterwards more frequently. The woman had all along been stupid and senseless.

The midwife told me, that the patient was in the beginning of the ninth month of pregnancy; that the formerly delivered her, when the had an eafy time, and no fuch complaint; that the mouth of the womb was a little open; but the had not found any thing like labour pains.

Soon after I came, she fell into a fit; during which I examined, and found the os uteri a little open, and that the convulsion seemed to act with the same kind of effort as a labourpain. As her pulse was full, I ordered ten ounces of blood to be taken from her arm, and a blister to be applied to her back. No medicine could be given internally, as she could

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not swallow any kind of nourishment since the first attack.

In about four hours I was again called, on account of the convulsions recurring more frequent and violent; and found the os uteri foster, and much more open. Although, as before observed, there was no appearance of labour, yet the violence of the agitations and strainings in time of the fits, might have proved sufficient to deliver the child; but I was afraid it was dangerous to allow the convulsions to go on longer; and was persuaded that a speedy delivery was the only probable method to save the patient, as well as the foetus.

After informing the friends of the danger, and the necessity of relieving the woman by delivery, and having placed the assistants to keep her in a firm position, I with great ease introduced my hand through the os uteri, broke the membranes, turned the child, and delivered it by the feet.

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The child was alive, and the mother had not another fit after the delivery; but she remained stupid and senseless for three days, then became gradually more and more sensible, and would not believe for some time

that she had been delivered.

C A S E II.

A Woman nearly in the same Condition as the former: but lost, from delaying the Delivery too long.

THE fame, or the following year, I was called

ed to a poor woman near the Seven Dials: and was told by the midwife, that the patient was come to her full time, that labour was just begun, and at every pain she was thrown into a violent convulsion fit.

The pains were not frequent, she was senfible between the fits, the os uteri was a little open; and the head of the child presented. As her pulse was quick, I ordered 12 ounces of blood to be taken from her arm, and a large blifter to be applied on her back, betwixt the shoulders; a glyster was also administered. which gave her a plentiful paffage.

This was in the morning; and I defired the midwife to fend for me if the fits did not abate, or return with greater violence. In about two hours after I left the house, they again fent for me; but being then engaged with one of my own patients, I fent one of my oldest pupils; and defired him, if the convulfions did not abate, to deliver the woman immediately.

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At first he found the patient in a dofing or comatole way; but foon after she was attacked with a violent convulsion sit: he told her friends that it was absolutely necessary to deliver her immediately, and that I had recommended this method to fave her life, which was in imminent danger: the midwife was of the same opinion; but the woman's husband and fifter would not confent, or allow him to do any thing until I could come to her affistance.

On my arrival in the evening, I found the

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154 CASES IN MIDWIFERY.

parient was in a comatofe state, and now quite infentible; the fits more frequent, with tremors and Sufult. Tend: On this I told the friends the uncertainty of faving her; and was forry to find that they had prevented the gentleman from affifting before it was too late: A con inth done, and out in

They now begged that I would do all I could to fave the woman, and allowed me to fend for some more of my pupils: the gentleman who was with her in my absence, told me, that the convulsions had dilated the os uteri a little every time; however, it being her first child, it required some force and time before I could ffretch it fo as to pals my hand into the uterus: this being effected, and having broke through the membranes, I brought down the legs, and delivered the child; but have forgot whether it was alive or dead.

This case was not so fortunate as the former; for although the placenta came eafily along, and the uterine discharge was sufficient and moderate, yet the convulsions were not restrained; but becoming more frequent and violent, carried her off in two hours after delivery.

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CASE III

A Woman in labour of her first Child, near Oxfordmarket, attacked with Convulsions after the Membranes were broken.

In the year 1746, I was fent for by a midwife, who told me that her patient's labour had 3

had gone on exceedingly well until the waters came off; but soon after that happened, she was attacked with strong convulsions, which went off, and returned every time when a labour-pain began to come on.

The os uteri was sufficiently dilated. The head of the sœtus presented at the brim of the pelvis. The woman's pulse was very quick, and her face uncommonly florid: on which account 12 ounces of blood were taken from her arm. But finding this avail nothing, and the convulsions growing more violent and frequent, and the head not advancing in the least, I thought it most expedient, in this uncommon case, to deliver by turning the sœtus; which I easily performed as the waters were not all discharged from the uterus.

The child was alive, and the woman had not another fit after delivery.

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CASE IV.

Another Case of the same kind; the Child presented with the Face, and was delivered in the Preternatural way.

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bour had In the year 1749, a young woman, come to her full time, was taken with violent convulfions when she fell in labour; for which she was immediately blooded, and a glyster was given, which had the desired effect. Nervous medicines and opiates were also administered; the last to allay the pains that seemed to bring on the fits; for every time a labour-

bour-pain came on, she was thrown into convulfions. and a finds and a deposition of

The os uteri was open about the breadth of a crown piece, and a hard unequal fubstance presenting, at first made it uncertain what part

of the child prefented.

She was ordered to drink plentifully of weak green tea, and barley-water with Sal. Nitri, sweetened with syrup of Althaa. In about three hours after this prescription, the os uteri was much more dilated; and on examining, I found that the forehead and eyes of the child presented; the violence of the fits had abated after the blooding and the opiate; but were now grown stronger, and more frequent.

In these dangerous circumstances, dangerous both from the convulfions and bad prefentation of the child's head, I thought it was wrong to delay the delivery any longer. All present being made fensible of her situation, I had the patient kept firm in bed in a supine position, and gradually dilated the parts; which required time, and a good deal of force; but as the waters were all gone, I could not alter the position of the head; on which, and not without a good deal of force also, I brought down the feet of the child, and delivered, though not without greater fatigue than I expected.

The child was alive, and, as in the former case, the woman had not any more fits after the delivery. She foon fell into a found fleen

and recovered.

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When I first introduced my hand into the uterus, and found it strongly contracted to the body of the child, I knew it would require great force to turn it, supposing that the wrong presentation prevented the head from coming along, I made the trial to turn down the vertex: but that failing, I delivered in the preternatural way.

COLLECTION XXXIV.

[Vide Vol. I. Book III. Ch. IV. Sect. 4.]

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Of preternatural Deliveries, in which the Membranes were broken, the waters evacuated, and the UTERUS was closely contracted to the body of the FORTUS.

NUMBERI

The body of each Feetus contracted in a round form.

[Vide Austomical Tables, 31, 32, and 33.]

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The Fore-parts of the Child prefenting; the Feet,
Hands, and FUNIS in the VACINA.

Being called in the year 1743, to a woman in St Alban's street, I was told by the midwife, that a great quantity of waters had come off suddenly; and as the child did not Vol. III.

present fair for the birth, she had desired my affistance.

On examining, I found the hands and feet presenting, and come down into the vagina, together with the sumbilicalis, in the arteries of which there was a strong pulsation. This last circumstance I did not mention, because this being the woman's first child, I did not know whether it could be saved in the delivery. I had learned, by experience, that if the child is mentioned to be alive, and afterwards perishes in the birth, the mother grieves, and imagines it is lost by the unskilfulness of the practitioner.

As the patient was then in bed, and lying on her left fide, I tried to deliver her in that position; but being prevented by her flying from me, I was obliged to turn her on her back, and across the bed, with her breech to the fide, and her legs supported by two affistants.

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Having confined her to this advantageous position, I gradually introduced my hand into the vagina, and in a flattened form slipped it up backwards, between the facrum and those parts of the sœtus that presented, into the uterus: there I found the breech lying at the lest and the head at the right side; but not so low as the breech.

As the legs were lying double in the vagina, by hooking two of my fingers on them, I brought them and the thighs down; and the child being small, the body and head were easily delivered, as described in Collect. xxxii.

Case 1. and 2. by which speedy delivery the child was saved, and the mother relieved from danger. The placenta separated, and was soon forced down into the vagina by the afterpains.

CASE II.

The Feet and Hands presenting; the Body of the Child being brought down, the Head was delivered with the FORCERS.

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XXXII.

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In the year 1755, I was called to a case, in which the child presented nearly in the same manner as the former; only the sunis was not fallen down into the vagina; but after the body was delivered, the head of the child stuck at the brim of the pelvis, on which I made several trials to bring it down into the vagina; but finding the child was alive by the pulsation of the arteries in the sunis, I was afraid of overstraining the neck, if I repeated these trials and increased the force.

The patient being in a supine position, I introduced a blade of the long forceps, that were curved to one side, up along each side of the pelvis, while an affishant held up the body of the child to give more room for their application; and having fixed them on the head, and joined the blades of the instrument together, I introduced two singers of my left hand, and fixed them on each side of the child's nose, while my right pulled the head with the instrument, and delivered it safely.

These two successful cases gave me great
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hope, that the above method would be of great fervice to fave the lives of many children, who are generally lost by overstraining the neck in delivering the head; but a third, in which I failed, showed, that we ought never to trust too much, or be over fanguine, with respect to any particular method of practice; but vary the same as we find it necessary.

However, although I have not had an opportunity of making any more trials of that kind; yet as I succeeded twice, the practice is adviscable; especially when we are certain that the child is alive from the pullation of the funis, or motion of the body, or would prevent overstraining the neck, or avoid using the crotchet: Vide Table xxxv. of the Anatomical Figures, also the preface to the first volume of Cases.

Vide Case 5. of this Number and the 7.

CASE III.

The Legs, Arms, and Funis forced down into the VAGINA; the last hanging without the Os Ex-

In the year 1750, I was called to a woman in labour; the waters had come off long before, and the midwife had tried to delive the child; but failing in the attempt, had again folded up the legs and arms into the vagina along with the funis, with a delign to keep them warm till I arrived.

As the patient was in bed, and lying on her fide, I fat down behind her, and found

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time of a pain the funis pushed down, without the os externum, and there was not any sensible motion in the vessels.

This not being the woman's first child, and the midwife having also sufficiently dilated the passages, I with great ease introduced my left hand along the backpart of the vagina into the uterus, and sound the head of the sectus above the pubes, a little to the right side: the breech was to the left side, and higher than the head.

I brought the legs down from the vagina, and wrapping them in a cloth, tried to pull down the thighs and body; but the head being so low prevented their descent: finding the setus large, I turned the woman into a supine

position as in the former case.

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I then took hold of the legs with my right hand, and introduced my left up the right fide of the pelvis to the head of the child, and while I pushed it up to the fundus uteri, pulled down the legs farther: by which method the breech was brought lower, and the head prevented from returning to obstruct the delivery of the body. When the thighs were brought without the os externum, I turned the foreparts of the child backwards; but afterwards it required a good deal of force, when the body was brought out, to deliver the head; and indeed if the child had been alive, it would have run a great risk of being lost from the overstraining of the neck.

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CASE

C A S E IV.

The Side of the Hip presenting: the Fore-parts of the Child to the Back-part of the UTERUS.

In the year 1746, I was called to a woman who had been long in labour, and was told by the midwife who attended her, that after the membranes broke, she felt something like the head of the child; but when forced lower down she found it some other part.

On examining the part that presented, it felt very much like the shoulder-blade; but on the midwife's informing me that fome of the child's purgings had come down on the clothes, and examining a fecond time, I found it was

one of the hip-bones.

Being informed this was not the woman's first child, and finding her much exhausted with the length of the labour; that the parts had been largely dilated by the midwife before I arrived; and learning, on inquiry, that her former labours had been quick and eafy, I thought it was pity to keep the patient longer in that distressed condition.

Having ordered every thing necessary for the delivery, to be in readiness when wanted, I had the patient firmly fecured in a supine pofition; and on introducing my hand found the left hip presenting, the shoulder and head near the fundus uteri, to the right fide, and the legs and arms backwards.

This examination being made, in a flow and

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gentle manner I first tried to bring down both legs; but finding them entangled with the sunis, and the child alive, I could only bring down the lest foot, which was the lowest; this being very slippery, and the uterus strongly contracted, my hand was so cramped that I was obliged to grasp the foot between two of my singers to bring it without the os externum.

I afterwards brought down that leg and thigh, and tried to bring the other also; but was prevented by a strong pain that forced down the left hip into the pelvis; upon which I introduced two fingers of my right hand, and hooked them in the back-part of the child's right groin. Another pain coming on, by pulling at the left leg with my left hand, and at the above hold with my right, I delivered the child safely, as described in the breech cases.

The child lay fome time before it began to breathe, but at last recovered, to the great joy of the mother, who had lost all her three former children in the small-pox.

CASE V.

The left Shoulder presented; after the Body was delivered, the Head stuck in the PELVIS. The short Forcers were tried; but not succeeding, it was brought down with the Hands, in the year 1750.

THE head, in this case, was to the right side of the uterus; the breech on the left, H 4

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near the fundus, with the arms and legs backwards, as in the former case; but as the uterus was not so strongly contracted, some of the waters fill remained. I grasped the body with my left hand, and raifing the head and shoulder to the fundus uteri, by which the breech was brought to the lower part, the legs with great eafe were grafped and brought thro' the os externum.

In the mean time, the patient begged hard that I would do all in my power to fave her child.

The midwife informing me, that the woman had loft one formerly which came in the wrong way, and I finding that the child was alive by the motion of its legs, and that although it was not uncommonly large, the pelvis was narrow, resolved to proceed with great caution, and do all I could to fave the fœtus.

The patient was in bed lying on her left fide: but on this information I had her moved into the supine position. Having brought down the body and one arm of the child which lay before the face, I introduced two fingers of my left hand into the mouth as in Collect. xxxii. and the fingers of my other over the shoulders; then trying to deliver, I could not move the head down after several gentle efforts in this manner. Het go my hold of the under jaw, and tried Daventer's method, by pressing down the shoulders to bring out the occiput from below the os pubis; but this failing also, and finding there was still a and pulled because the breech out the lett.

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I now defired the midwife to hold up the body of the child fo as to give me more room for introducing that instrument: but it being too short, and the head above the brim of the pelvis, I could not fix them properly so as to render them of any use to affift the delivery. Vide Collect. xxxv. Cafe 2.

This method failing, and the pullation of the funis beginning to grow languid, I again took hold of the child as at first; but finding the under jaw like to be overstrained, I fixed a finger on each fide of the nofe, and standing up in time of a pretty strong pain, I exerted a good deal of force; as the forehead of the child was backwards above the projection of the upper part of the facrum, I had already turned it to the right fide, to give more room for the head to come down.

Failing in this last attempt, I rested a little till another pain should return; but they being weak and feldom, and finding the pulfation at a stand, I again exerted greater force, by.

which I at last got the head delivered.

Every method was tried to recover the child as formerly described in vol. 1. and 2. also in Collect. xxxii. of this volume, but all to no purpose: a miscarriage which was very grieyous to the disconsolate mother.

Vide Case 3. and 7. No 1. of this Collection.

CASE VI.

The right Arm banging down without the Os Ex-TERNUM; the Head of the FOETUS at the left Side, and the Fore-parts to the fide and back-part of the UTERUS.

In the year 1747, a gentleman called on me, when I was engaged with a patient, and defired me to come as foon as possible to his wife's assistance; giving me to understand, that as she was stepping into bed, the waters had come off without any previous warning.

I defired him to fend for the midwife who attended in her former labours; telling him, that I expected this labour would foon be over, and that I should come time enough to affift his wife, if there should be occa-fion.

The midwife accordingly was fent for, and arrived just in time to shift the patient, and put her to bed by the time I reached the house; she told me, that on examining, she found a foot lying in the vagina: but I perceived it was an arm lying double, and I brought the hand through the os externum, to convince the midwife that it was not the part she imagined.

Although there had been no labour-pains that the patient thought were worth noticing, yet the parts had been fo dilated before the membranes broke, that I eafily introduced my hand into the uterus, and found the child's

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head above the offa pubis, the fore-part back-

wards, and a little to the left fide.

After difentangling the funis umbilicalis, I brought down both legs; but finding I could not bring the feet further than the lower part of the vagina, I flipped a noofe over them, as described in my Treatife of Midwifery; then taking hold of the fillet with my right hand, I introduced the other to the head, and pushed it up, while I pulled down the legs with the noofe: by these means the head was raised to the fundus, the arm that was down returned into the uterus, and the child was fafely delivered.

I delivered this gentlewoman once before, when the case was much the same, and of several children afterwards: her belly was fomewhat pendulous; and it was remarkable, that if the membranes broke while she lay in bed. the head of the fœtus presented; but when in a fitting or standing polition, it slipped over the offa pubis, and the arm came down into the vagina. One lucky circumstance attended these; for after the membranes broke, the shoulder filled up the os uteri so exactly, that there remained a sufficient quantity of waters; by which the delivery was eafily performed. The belief bad I appoint close fireight locceps, is in the english

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lead above the offer public, the forespain back-C A S E VII s bus abrev After edeptualing the funts umbiliones.

The Arm prefented; the PEL VIS narrow; the Child brought footling, and the Head delivered with the long FORCEPS curved to one fide.

Vide Table XXXV. of the Anatomical Figures, and Cale 7. and 2. of this Collection.

introduced the crear to the licall, and publical In the year 1753, I was called by a midwife to a woman where the arm of the child was come down and lying double in the vagina. As the waters were not all come off, but kept up by the shoulder in the os uteri. I first tried to raise the arm, and bring down the head fo as to present in the natural way.

I made this trial on finding the pelvis narrow, the pains strong, and the woman not weakened with the length of the labour; but failing in this attempt, I raised the head and shoulder to the fundus uteri; and after bringing down the legs and body, tried again and again to deliver the head in the fafell manner.

Finding there was still a strong pulsation of the arteries in the funis umbilicalis, and being afraid of losing the child by overstraining the neck, although I had failed with the short straight forceps, as in Case 5, yet I resolved to try a longer pair that were curved to one fide, to fuit the curvature of the os facrum.

They were contrived fome years ago by myfelf, as well as other practitioners, on purpole to take a better hold of the head when pre-

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fenting, and high up in the pelvis; but I did not recommend their use in such cases, for fear of doing more harm than good, by bruifing the parts of the woman when too great force was used. Vide the Anatomical Figures, Table 12 and 17.

The patient being in a supine position in bed, and two affistants supporting her legs, I found the forehead of the child was backwards, but a little to the left side of the lowest vertebra of the loins, which jetted forwards with the upper part of the facrum, and gave more room for applying the forceps; wrapping a cloth round the body of the seetus, I raised it towards the abdomen of the patient, which an afsistant supported in that position.

Being properly seated, I introduced my right hand up the left side of the vagina, till my singers reached the left side of the child's sace; then with my left hand I insinuated a blade of the forceps up to that part. As I withdrew my right hand to make more room, I slipped the blade farther, that the end of it might reach as high as the upper part of the child's head: then I moved it towards the left groin of the patient, that the blade might be over the left ear, which was at that part: the part of the blade that was bent to one side was to the pubes; and the convex part was backwards, to suit the concavity of the facrum. Vide Table 35.

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My left hand was next introduced up the right fide, betwixt the facrum and ifchium, and along on the infide of my hand the other blade.

blade, in the same cautious manner, over the right ear: having locked them together, I introduced a singer of my left hand into the child's mouth, to keep the sace from turning upwards; then pulling the handles of the instrument with my right, and increasing the force, I brought down the forehead past the narrow part of the pelvis; and turning it backwards to the concavity of the sacrum, brought the head through the os externum, by pulling upwards over the pubes, to prevent a laceration of the perinæum.

There was a small impression made by the forceps on the scalp, which dispersed soon after: the child was strong and healthy; and although I used a good deal of sorce, the mother recovered without any uncommon com-

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Since my fuccess in this Case, I had another of the same kind, in which the child was saved by the same method, in the year 1755. Vide

Case 2, of this Collection.

Another occurred in the course of the same year, in which that trial sailed on account of the uncommon largeness of the head and smallness of the pelvis; there I was obliged to withdraw the forceps and extract the head with the crotchet. Vide Collect. xxxv.

CASE VIII.

The Arm of the Child in the VAGINA, and the Body lying in a round form in the UTERUS.

EARLY one morning, in the year 1736, I

fub-

was called to a woman at fome distance in the country. The membranes had broken the night before: the arm presented, pretty much swelled, and part of it without the os externum. Finding it was the left, I informed those who were present of the circumstances, in order to anticipate all censure in case the child should not be delivered alive.

The woman was laid across the bed in a supine posture, two assistants supporting her legs, and another on the opposite side to support her head and shoulders, and prevent any obstruction from hands and arms in time of the

operation.

With much difficulty I introduced my left hand betwixt the swelled arm and the back part of the vagina to the arm-pit; but it still required a good deal of force to raise the shoulder and head to the left side of the uterus, so as to allow room for my hand to pass on the right side, along the breast of the sœtus, to the fundus, where I found the knees; then hooking my singer in the hams, I brought down the legs into the vagina.

As the fore arm was still in the vagina, I could not fix the noofe over the ankles, but was obliged again to introduce my hand; and by pushing up the shoulders and pushing down the thighs alternately, I at last, with much fatigue, raised the body higher. The arm being removed out of my way, I brought the legs without the os externum: the pelvis being large, the body and head were easily delivered. The swelling of the child's arm gradually

172 CASES IN MIDWIFERY.

fubfided by the application-of fomentations and cataplasms; but for several days it could not move that limb.

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One of the affistants told me, that finding the midwife pulling with a good deal of force without being able to deliver the child, they were alarmed, and would not allow her to repeat these efforts till I came; they supposed therefore this was the cause of the arm's being swelled so much when the child was delivered.

CASE IX.

The Arm presented; taken off by another Practitions' er; succeeded by a Flooding. Another Case, in which the Patient was not delivered.

In the year 1729, I was called to a woman at the distance of eight miles from the place where I then lived; she was excessively weak, could scarcely speak, and seemed to be in a

dying condition.

The midwife told me apart, that the patient had been in labour two days; that when the waters came off the child descended to the passage; that as she could not, after many trials, deliver the body, they had sent for a gentleman famous in that part of the country for the practice of midwifery; that after many efforts, and waiting several hours, he told the friends it was absolutely necessary to take off the arm to make more room for the delivery of the child; that she had greatly assisted in helping

him to twift it off from the shoulder, and made a great merit of helping the gentleman.

She informed me also, that the patient had lost a great quantity of blood all the time of the operation; that all possible means had been used to separate the mother and child; but as her time was come, all was done that could be done by any mortal.

On examining the arm, which the midwife brought out from under the bed, and observing it was not much swelled, I defired she would never boaft of affifting in fuch an operation: especially as it had done no service in forwarding the delivery.

The gentleman, who lived about four miles from the place, had left the woman before I was called, and defired to be fent for when the pains returned, that he might then deliver her; promising, in the mean time, to fend her

a cordial julap.

The friends after this information begged of me to deliver the woman if possible, and not let her go to the grave with the child in her belly. I told them that in all appearance the would very foon expire; and as the child was certainly dead, it was a pity to torture her any more: but as they were to importunate, and as there might be a chance of recovery, contrary to all expectation, and confidering, that even though fhe should expire in time of delivery, it might be ferviceable to the public to expose an ignorant pretender, who had acquired a great reputation, even in spite of feveral fuch blunders, I refolved to comply

with their request. It pend to the to the tone

Having ordered the woman to be put in the fame position as described in the foregoing case, I expected it would require a great deal of force to turn the child; but was happy to find, on introducing my hand into the uterus, that the resistance was inconsiderable. I raised the shoulder to the fundus, brought down the legs, delivered the child and the placenta; which last being already detached, followed the body with a large coagulum of blood adhering to it: this last state of the uterus seemed to proceed from the great weakness of the patient.

Although before delivery, the woman seemed to be insensible and comatose, yet after being roused by the unexpected news of the child's being born, her drooping spirits revived, and she was able to express her thanks for my relieving her. All present were agreeably surprised to observe how easily the operation was performed, and sufficiently convinced of the ignorance of the other practitioner.

I immediately ordered a little caudle to be given frequently; but although the flooding was now abated, she was so much weakened and exhausted with the length of the labour, and great loss of blood, that she died the same night, in about two hours after I lest the place:

Some years before this incident, when I first fettled in practice, a woman who had formerly been delivered of several children, was ta-

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ken in labour; the midwife being intoxicated with liquor, I was fent for, and found the arm of the child come down into the vagina: the patient had been many hours in labour, and a flooding had begun; but was abated after the

waters were discharged.

I proposed to deliver by turning, and bringing the child by the feet; but that being a
new method, and not known in the place, the
midwife and assistants opposed it, and sent for
an older practitioner, who undeservedly had
also acquired some reputation in that branch;
but instead of turning, he satigued himself
and the woman, by pushing up the arm to
bring the head to present; and when that method sailed, he tried to deliver by pulling at
the arm.

Another gentleman was called, who lived at a much greater distance than the former; but the flooding had increased so much by the former violence, that the patient expired before his arrival; as he knew more of the practice, he regretted much that the method I had proposed was rejected.

CASEX.

The Haunch and Side of the Child presented, with the Legs and Arms forwards to the ABDOMEN of the Mother.

In the year 1734, being called to this patient, and examining, I found no part of the fœtus; but after placing her in a supine position, and introducing my hand into the vagina,

I felt through the integument the haunch-bone and the ribs: infinuating my hand farther into the uterus, I rested a little, and slowly examined the position, so as to be able to take the safest and easiest method to come at the legs, and turn the body of the child.

Finding the arms and legs lying double and forwards, and the offa pubis of the mother preventing my hand from taking hold of the feet, I turned her from that position to her lest fide, and on introducing my hand reached the feet, which were easily brought down, and the

child was delivered.

The woman had been two days in labour before I was called. She recovered, but the child was dead: as I forgot to examine the funis when the body was brought down, I could not determine whether it was dead before or lost in delivering the head, which required great force in the extraction.

CASE XI.

The Haunch presenting; the Body of the Child in much the same position as described in the former Case.

In the year 1752, I was called to a woman who had been long in labour, and on examining found, that either the shoulder or haunch presented. As she lay on her left side, I tried to introduce my hand into the vagina in time of a labour-pain; but on her slying from me, and not keeping in that position, I was obliged to turn her to her back. Vide Collect. xxv.

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No I. Case I. pretending that a supine position

would affift the pains and the delivery.

The friends prefent informing me of her unmanageable disposition, I had her firmly held by three strong women; then I introdu-ced my hand, and felt the left haunch presenting, with the foreparts of the fœtus to the right anterior part of the uterus.

Finding, as foon as I infinuated my hand into the womb, that the patient lay quiet, and did not make fuch violent efforts to move from me, and that in this position the pubes prevented my arm and hand from turning upwards and forwards, fo as to take hold of the feet. I defired the affiftants to turn her again to her left fide de lo Coli boffe de bear

During this movement I durst not venture to withdraw my hand, left fhe fhould renew her violent efforts against me, and repeat the cries of murder, with which she had alarmed the neighbourhood, total and to reservosed all

Her breech being a little over the fide of the bed, a pillow betwixt her knees, which were raised up to her belly, and kept firm in this advantageous position, I stood behind her and began the operation: the pubes did not now prevent my hands going up to the forepart of the uterus; but the womb being strongly contracted, I could only bring down one of the legs into the vagina. By fixing a cloth round the ankle, I moved the child with its head up to the fundus; and being but small, it was easily and safely delivered. offerther since it editable banio CASE

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CASE XIL

The Arm lying double in the VAGINA; the foreparts of the FOETUS to the anterior part of the UTE. RUS: the Woman delivered according to Daventer's method, by turning her to her Knees and El-STREET OF THE HERE

I ATTENDED a patient, to whom I had been bespoke in the year 1745; the membranes were broken, and a large quantity of waters discharged before my arrival. The arm lay double in the vagina, and the os uteri was fuf-

ficiently dilated. The of sales of bus about

Having placed her in the fide position across the bed, as described in Collection xxv. No 16 Case 3. I by degrees opened the os externum, which, as it was her first child, required some time, by dilating it a little every pain. At first imagining the foreparts of the child were to the back part of the uterus, I introduced my left hand along the back part of the vagina, and in pushing up the arm and shoulder into the uterus to search for the feet, I found my mistake as to the position, and that they were at the fundus and anterior part.

Having withdrawn my left hand I introduced the right, and raifing again the parts that presented, I pushed up my hand at the forepart of the uterus, where I found the legs, arms, and funis entangled with one another, that I could not disengage them with my fingers fo as to take hold of the feet. This difficulty, joined with the strong contraction of

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In th woma the uterus, which I did not expect would happen so soon, when the membranes were so lately ruptured, so cramped my hand that I was

obliged to withdraw it once more.

By these repeated efforts to force up the body, the placenta had been squeezed and loosened from its adhesion in the uterus, and a slooding was brought on. Observing this symptom, and considering that no time should be lost, I made a second trial in the same manner as soon as my hand recovered its former strength; but finding the same difficulty, I desisted from attempting any more to deliver in that position.

Having turned her on the bed to her knees and elbows, with her breech high and shoulders low, and she being supported by affishants in this position, I again introduced my hand, and found the contraction and pressure so diminished, that I at last, though with a good deal of difficulty, got one of the seet betwixt my singers, and brought it down to the vagina. By pushing up the body, and pulling down that limb alternately, the child was safely delivered; the placenta followed, and the slooding ceased.

CASE XIII.

The Child lying in a round form, the Back prefenting, with the Head and Feet towards the FUNDUS UTERI.

In the year 1746, a midwife fent for me to awoman in labour: she told me that the membranes branes broke foon after her arrival, and fulpecting that neither the head nor breech prefented, she had defired the husband to fend for further affiltance.

As the patient was lying on her fide, I examined, and was of the midwife's opinion; but uncertain what part of the child's body was over the os uteri. She evaded my efforts in that position, therefore was turned to her back. Her breech was brought down to the foot of the bed, while two women supported her legs and kept her firm, to prevent her flying from me in time of operating.

On introducing my hand, I found the middle of the back presented, and that the shoulders were to the right side of the uterus. These I first tried to raise to the fundus; but as I endeavoured to come at the breech to pull it down from the other side, the shoulders re-

turned as a disk should be little before

Finding, after repeated trials, that this method did not succeed, I slipped up my hand along the back part to the fundus, where I found the feet; and as I pulled them down, the backturned upwards; after which the child was soon and safely delivered.

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CASE XIV.

The Belly presenting; the FUNIS UMBILICALIS fallen down into the VAGINA, and much tumified the Head and Legs turned up to the FUNDUS U.
TERI.

In the year 1750, I was called early one

morning to a woman who had ftrong labour. The membranes had been broken the night before; altho the midwife found the funis come down, and the child prefenting wrong, yet fhe concealed these particulars, pretending that everything was right, that it must take a long time to deliver the child; and fhe would not allow any affiftance to be called for until the friends infifted upon having further advice.

When a pain came on I examined, and found the funis come down without the os externum, pretty much swelled, without any pulfation; then following it up into the vagina, I felt its adhesion at the abdomen, and told the friends, that the child prefented in a wrong pofition, and was not alive. Hearing this deelaration, they abused the midwife, and were about to expel her the house, if I had not interceded in her behalf, that the might affift the patient after delivery. Vide Collect. XLIX. Nº 2.

As the patient lay on her left fide, and the parts had been largely dilated, either by the midwife or membranes, before they broke I with great ease introduced my hand, and felt the forepart of the thighs at the left fide of the uterus; and tracing up higher, I got hold of the legs, which I could not then bring down because of the great contraction of the ute-Tus.

My hand being cramped, I brought it lower, and after resting a little, tried to push up the breast and bring down the thighs; but this did not alter the position of the child sufficiently:

VOL. III. and and the patient not being kept properly in the fide position, I was obliged to turn her to her back. Vide Collect. XXV. N° 1. Case 1. Then introducing my hand along the back part of the uterus to the fundus, I took hold of the legs, and pulling them downwards, the forepart of the thighs and belly turned upwards, by which means the body was brought down: but the child being large, the head was delivered with some difficulty.

CASE XV.

The Breast of the FOETUS presenting; one Arm lying double in the VAGINA, part of the other without the external parts; the Delivery performed with the Noose, 1743.

Soon after the membranes were broken, I was called to this case, and found the break of the child forced down into the upper part of the pelvis; expecting it would require strength to raise and pass it so as to come at the legs, I had the woman laid in the supine position. Vide Collect. xxv. Case 1.

Wrapping a cloth round the right hand and fore-arm of the child, that was protruded without the external parts, I took hold of it with my left hand, and introduced my right up the back part of the vagina; then unwrapping the cloth, and letting go my hold, I pushed up both the breast and the other arm into the uterus, where I found the head and neck above the pubes, the thighs and legs ly-

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ing double at the left fide; which last were

eafily brought down into the vagina.

After resting a little, I endeavoured to move round the body of the fœtus, by alternately pushing up the breast and pulling down the legs: but finding this only fatigued the woman as well as myfelf to no purpole, I introduced the noofe, and fixed it flowly over both ankles, not without fome difficulty, as the feet were still pretty high in the vagina.

Having at last got it firmly fixed, I twisted it round my right hand, and introduced my left, with which the breast was raised towards the fundus on the right fide, while the legs were pulled down by the noofe from the left, without the os externum; then taking hold of the ankles with my right hand to prevent their being overstrained. I raised the body of the fætus higher with my left, and by continuing to push up and pull down alternately, the head and shoulders were raised to the fundus uteri. the arms returned into the womb, the breech was brought down into the vagina; then both mother and child were fafely delivered.

C A S E XVI.

The Arm and Shoulder of a second Child forced down without the external parts, in the year 1746.

This patient had been delivered by a midife in the evening; and when I was called next porning, I found the right-arm and shoulder a second child forced or pulled down with-

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fied; but as no pulsation could be felt at the wrist, I imagined the child was not alive.

The neck, shoulder, and some of the ribs, as well as the arm, being all without the external parts, I was afraid that it would be impossible to force up these parts of the child into the uterus so as to turn the sectus and bring down the legs: this method, however, I resolved to try first; but if that did not succeed, then to deliver in the manner recommended by Celsus in such cases; viz. to divide the neck, and bring the divided parts separately.

Having ordered the patient to be properly held in the supine position, I tried to force up the shoulder, and was happy to find that, the child being small, all the protruded parts returned easier than could be expected into the uterus: then I brought down the legs and delivered the child; which being alive, I was glad that I had not been obliged to fly to the

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NUMBERII.

The Children lying with the superior parts to the Os UTERI; the Feet and Breech to the Fundus; the Waters evacuated, and the UTERUS contracted in form of a longish Meath.

CASE

The left Shoulder presented; the fore-parts of the FOETUS to the right side of the UTERUS.

In the year 1737, I was called to a woman in labour. The waters were discharged the day before my arrival. On examining, and finding the head of the child did not present, I had the patient laid in a supine position across her bed: introducing my right hand into the vagina, I felt the shoulder; and in raising it, observed that the foreparts of the fœtus were to the right fide of the uterus, and the head

turned up above the pubes.

On this information, I was obliged to withdraw my right hand and introduce the left: while I tried to infinuate it betwixt the breast of the child and the right fide of the uterus, I found this last so strongly contracted, that I was obliged to bring my hand lower, and push up the shoulder and head to the left side, to give more room for my hand and arm; thefe parts not moving round, I again forced my hand up along the breaft, and by degrees 1 3 reachreached the thighs and legs, which were fold-

ed double on the belly of the fœtus.

As my hand began to be cramped, I rested a little; and the strength of my arm being fornewhat recovered, I pushed up my hand farther and farther, to make more room for taking hold of the ankles: this I at last accomplished, and brought the feet down to the lower part of the uterus: but the great force which I exerted loofened the placenta, and brought on a flooding. Having withdrawn my left hand, I introduced the right, with which, by pushing up the shoulder, and pulling down the legs alternately, I at last moved the body round, and the child was delivered, but not without changing hands three or four times, which were much fqueezed and cramped by the strong contraction of the uterus; I was al fo, during the operation, obliged to alter my own polition, from litting, to kneeling and standing alternately, as I found it necessary.

The placenta followed the delivery, and the flooding ceased; the child was alive, contrary to my expectation, confidering the great force and squeezing on the breast and abdomen be-

fore I could bring down the legs.

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The patient being a strong healthy woman, was not sunk by the flooding; which was of service in relaxing the uterus, and by emptying the vessels, helped to prevent an inflammation.

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CASE IL

The right Shoulder of the Child presenting; the Legs against the forepart and Fundus UTERI; Delivery affifted by the Noofe.

In the beginning of the year 1753, I was called to a person whom I had delivered twice before. To outward appearance she seemed very well formed for bearing children; but her being fickly and tender in her infancy, was the occasion of a narrow and distorted

pelvis.

The distortion here differed from what I had observed, for the most part, in other cases of that kind. The bad formation is generally from the projection of the lowest vertebra of the loins and upper part of the facrum, and may be diftinguished by examining with a finger. In this patient the distortion arose from the three lowest vertebræ of the loins bending forward, and could not be felt till after delivery, except in this last case, where I was obliged to bring down the legs of the child, and deliver in the preternatural way.

In her first labour, when about five and thirty, she was attended by a midwife; and it proving laborious, a gentleman was called, who was obliged to open the head and extract with the crotchet. In her next pregnancy I was bespoke; and as the head of the child presented, I managed the labour from the beginning in a flow and cautious manner; but although the child was finall, I with the great-

est difficulty saved it by the assistance of the forceps. When I attended in her third labour, with the same caution and patience as in the former, I could not save the child, which was larger; but sound myself obliged to use the same method as the other gentleman had taken in delivering the first, to save the patient's life.

When bespoke to attend a third time, I was under no small anxiety on account of the disficulty that attended her labours; but more so, when called and examining, I found that the head of the child did not present. The membranes had not broken, but in time of a labourpain were pushed down to the lower part of the vagina; and the mouth of the womb was

largely dilated.

After confidering the case, I resolved to try in time before the membranes broke and the waters came off, either to bring the head to present, if large, or if the child was small, to bring down the seet and deliver in the preternatural way; but while the bed was preparing, a strong pain came on which broke the membranes, and a very large quantity of waters was discharged on a sudden, the patient being in a standing posture.

The nurse having put her to bed, her breech was brought down to the feet of it, and she was laid on her lest side; this position being most advantageous on account of the projection of the distorted bones, which would have prevented my hand's going up if she had been

in the supine position.

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Having feated myself a little behind the pastient, I introduced my right hand into the vagina. The shoulder presenting, and the head to the right fide of the uterus, I endeavoured to push up the first and bring down the last, to present in the natural way; but finding the firong contraction of the uterus prevented my raifing the shoulder fufficiently, and that the flipperiness of the head evaded my fingers, fo that I could not alter its position, I gave up all hope of fucceeding in that manner; for when the membranes broke, the distorted bones prevented the fhoulder's coming down to fill up the passage, and keep up some of the waters.

Finding the contraction of the uterus fo strong, and the strainings of the patient so great, that I could not reach the feet, I caused her to be turned to her knees and elbows. to prevent further strainings: while she was kept firm in this position by the assistants, I introduced my hand again, and finding the refiftance less, I pushed it up gradually along the forepart of the uterus, where I found one of the legs, which I brought down; then pushing up the shoulder and pulling the limb alternately, as in the former case, I extracted it without the os facrum.

By this time I was pretry much fatigued, and rested a little. The woman complaining of the uneafy position, I had her again turned to her fide: having fixed a noofe round the ankle, and twisted the other end of it round my right hand, I introduced my left to the face and

fore.

forepart of the neck and breaft of the child. which were at the under part and right fide of the uterus: by pushing up these, and pulling at the fame time the legs down with the noofe, I brought the breech lower, and the head, with the breast, to the upper part of the

Having withdrawn my left hand, and confidered that there was still a greater difficulty to overcome in order to fave the child's life, by bringing the head through the passage of these distorted bones, I moved the patient into the fupine position, as described in Collect. XXV. Case 1. This alteration afforded more liberty to operate with fafety than could be procured in any other.

Wrapping a cloth round the child's right leg, I began to pull; and by the affiftance of the mother's efforts, brought down the hip to the lower parts of the pelvis; then introducing the fingers of my left hand over the other hip into the groin, and pulling with both hands, I brought down the body to the

arm-pits.

Finding, by the pullation in the funis, that the child was alive, I flipped my right hand up along the breaft, to feel the position of the head, which was still high, and above the diflortion, with the chin to the right fide; but not being able to bring the head or shoulders lower, I withdrew my hand. After having brought down both arms, I introduced my left hand, and the head being a little lower, I hooked two fingers in the mouth, laid the body of the

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the child on that arm, and fixed the fingers of my right hand over the shoulders, on each side of the neck: Francis Ed sute and Island S sie

Having taken a firm hold with both hands. I tried, in a flow and cautious manner, to bring down and extract the head, by increafing the force gradually, moving the face of the child backwards and forwards, fometimes altering my fingers from the mouth to the fides of the nofe, fometimes quitting again thefe holds, and trying Daventer's method, by pressing down the shoulders, to bring the occiput out from below the offa pubis: this method not fucceeding, I again introduced my fingers to the mouth; but after exerting greater force, and pulling the body of the fœtus upwards, downwards, and from fide to fide, I was obliged to rest, and began to despair of saving the child's life.

The woman all this time behaved with great courage, and affifted with all her strength, by forcing down every time I defired. As there was still a weak pulsation in the funis, I resolved to make another effort with all my strength, by which the head was moved a little lower; then forcing up my fingers to the forehead, I got a firm hold on it, and finished the delivery.

The force used in turning the child had bosened the placenta, and brought on a large discharge of blood, as in the former case; a circumstance which commonly happens in such deliveries. As the after-birth followed the delivery, I wrapped it in the receiver with the

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child.

child, and laid all on an affiftant's lap near the fire, without tying and separating the funis, because I still found a creeping motion in

After having moved the patient from her uneafy position, and further up from the foot of the bed, I tried the common methods to alfift the recovery of the child. Soon after, the infant showed some weak signs of life, and in about ten or fifteen minutes began to cry, and breathe with more freedom: that which had the greatest effect, was whipping his little breech from time to time, for which I alk pardon of my old friend and preceptor Dr Nicholls. ar selection to and a grant of the area

As I suspected that the neck was overstrained in time of delivery, the head was gently pressed towards the shoulders: on the recovery of the child, I examined the mouth and all the limbs, to find if any thing was amis. The infant continuing to cry incessantly while the head was washing, I examined, and perceived a large tumour above the right ear; I like wife found a depression of the temporal bone before the ear, and the frontal and parietal bones pushed outwards: these formed the swelling, and were the parts that stopped at the distorted bones of the vertebræ. On press ing the tumour with my fingers, the child was quiet, but on removing them from the part, the bones were again pushed out, and the child fell a-crying; by repeating the fame experiment more than once, I was convinced that this was the occasion of the complaint.

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Having applied a thick compress, moistened with oil, vinegar, and spirits, on the tumour, and secured it with a proper bandage, I desired the nurse, if this was not sufficient, to continue to assist with her hand as before; for I did not choose to bind the head too tight, as such fits of crying never happened in my practice, neither before nor since. I was glad to find next day that the swelling had disappeared.

The child was smaller in this case than in the former, and the mother recovered better than in any of the preceding labours. The distinctly that attended the delivery of the head made me resolve to use the long forceps, as in

No 1. Case 7th of this Collection.

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C A S E III.

The left Arm and Shoulder of the FOETUS prefenting: the Head over the Pubes; and the fore-parts of the Child to the right fide of the UTERUS.

In the year 1742, being called to a watchman's wife, the midwife told me that the waters had come off in a large quantity, on which
the arm was forced down into the birth, and
the hand appeared without the external parts:
she had tried different methods, to make the
child (as she ignorantly imagined) withdraw up
its hand into the womb, and change itself into
the natural position; dipping its hand into a
bason of cold water, and also in vinegar and
brandy; but finding these trials fail, she had
recourse to the last remedy, before any assist-

ance

ance from a man practitioner was thought neceffary: the directed the woman's husband to take hold of her legs over his shoulders, and lift up her body three times, with her back to his, and her head downwards; being of opinion, that although the former methods failed of success, this would answer expectation.

On examining this case, I found by the hand and singers that the left arm was come down, and that the foreparts of the sœtus were probably to the right side of the uterus. I promised to support the woman in her lying-in; and, on this consideration, the gentlemen who then attended me for their instruction in midwifery, were allowed to be present at the deli-

very.

Finding I could not keep the patient in a firm position, when on her side, I had her turned to her back, with her breech to the bed's feet; two of the gentlemen sustained her legs; her head was supported by lying in the midwife's lap; the midwife was seated on the bolster at the head of the bed, to keep her firm in that position, and restrain her arms, so as to prevent her hands from pulling at the assistants or me in time of the operation.

As the arm of the child was but little swelled, I easily introduced my left hand below it, into the vagina; then pushing up the shoulder, infinuated my hand betwixt the breast and the right side of the uterus; but finding, after several strong efforts, that I could neither raise the shoulder higher, nor push my hand suffi-

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ciently up to come at the feet, I altered her po-

fition in the following manner.

Observing that the midwife kept the woman's head and shoulders too high, I made her fit further up on the bed, that they might lie lower; but my hand and arm being by this time cramped and wearied, with working in too great a hurry, I was obliged to withdraw both, and rest a little. Considering that my other hand could not, in this position of the woman, reach the legs of the child, which were at the right fide, I turned her to her knees and elbows, and had her supported in that poflure by the affiftants on the bed.

I then infinuated my right hand, and gradally stretched the contracted uterus, when I found the feet were turned up to the breech at the fundus. I now endeavoured, with all my strength, to push farther up, so as to make more room to take hold of the legs; but the woman being strong, and struggling incessantly, we could not keep her in that position; fo that all my efforts to bring them down proved

abortive.

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This hand and arm last introduced being likewise cramped, I was obliged to withdraw them, and I began to despair of succeeding without the affistance of the crotchet; but I resolved to make one effort more. Finding we could not keep her steady in this last position, Ihad the bed raifed very high at the feet with bolster and pillows; then she was laid again in the supine position as at first, her breech being railed raised much more, with her head and shoulders

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My left hand being now pretty well recovered from the former fatigue, I introduced it as at first, and at last reached up to the fundus uteri; I now brought down one of the legs, and delivered the child, with the affistance of the noose, as in the former case; but with much less difficulty, as this woman had a much larger and better formed pelvis.

The child was alive; the mother recovered; and the placenta, being loofened in time of the

operation, followed the delivery.

She continued weak for three or four weeks, and complained of great pains in the abdomen and neighbouring parts; but having had large discharges at first, and being carefully attended, and keeped in breathing sweats, the lochia and milk were so promoted, as to prevent, in all appearance, the danger from a violent inflammation of the uterus.

As this was one of the first difficult cases in which my pupils were allowed to attend, after I began to teach midwifery, I was really as a fraid, in time of operating, of being foiled and suffering reproach, for pretending to teach others, while incapable of delivering so strong and so well-formed a subject, without being obliged to bring the child, by piece-meal, with instruments; especially as the woman had told us, that in all her former labours she was commonly delivered before the midwife could come to her assistance.

Although, while I lived in the country, I

had been called to many such cases, yet I was never more satigued. I was not able to raise my arms to my head for a day or two after this delivery; and one of the gentlemen who was present, being of a delicate constitution, was so much assaid, that he resolved never to venture on the practice of midwifery.

CASE IV.

The right Arm and Shoulder of the Child presenting; the Head turned back on the Shoulders to the right side of the UTERUS, with the Feet folded up to the Breech, but towards the fore-parts; the Woman small, and her belly pendulous; delivered in the year 1753.

The midwife told me, that I had formerly seen with the fame woman, who recovered lowly after a tedious labour; that this would move a more dangerous case, for that the rm of the child came down immediately after the membranes broke, on which there lowed from the womb a large quantity of raters.

She also informed me, thas as the hand was without the birth, she had folded it up in the agina, to keep it warm till I should arrive. The patient was then lying on her lest side cross the bed, which was uncommonly high, with a pillow betwixt her knees. I did not sit, or kneel, but stood, and moved her breech ear to the side of the bed; then I brought he hand again down out of the vagina, and old her it was the right, to prevent reflect tions,

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tions, if that limb should prove lame after the delivery. I had found fuch complaints proceed from the midwife's pulling at the arm, and trying to bring along the body in that manner; but this notice being given, the accoucheur could not be blamed for overstrain. ing the limb; and the misfortune would be imputed to preffure or cold, while the arm lay in that position.

Finding by the arm of the child, that its foreparts would probably be to the left fide of the uterus, and also that the abdomen of the patient was very pendulous, by its hanging more than usual over the pubes, I perceived that I could operate with greater ease while she lay on her fide, than when lying in a fupine

polition.

I introduced my right hand into the vagina; and in pushing up the shoulder, could distinguish, that although the pelvis was narrow, the child was not large; that the breaft was forwards, but towards the left fide, the head turned back on the shoulders to the opposite fide. The contraction of the uterus being very great, it would have been impossible to bring down the head to prefent in the natural way; my endeavours for this purpose would have ferved only to fatigue the patient and myself with vain labour. I was doing field set from

My hand being so far advanced, I pushed it up further and further, along the left fide of the uterus, to come at the legs of the child; but the patient's head and shoulders being too high [which position I forgot to alter], this cir-

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cumstance, joined with the force of the breast and abdominal muscles, in her strainings against me, prevented my hand's going up sufficiently to reach these parts. Being afraid to bring down my right hand from the contracted womb, I flipped my left under her left hip, and by the help of the affiftants turned her to her knees and elbows. Vide Cafe s.

By this method, both the preffure of those parts, and the weight of the child, being much abated, the abdomen funk downwards, tho' at the fame time her thighs and knees kept the belly above the pubes: at last my hand penetrating to the fundus uteri, took hold of the feet betwixt my fingers; then pulling them down, and pushing up the breast, I, after a good deal of fatigue, brought the legs without the os externum: I now turned the patient to her back, and with fafety delivered both her and the child, although the head fluck fome time in the passage, and both force and caution were required to extract it.

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CASE

The Breast and both Arms presenting; the Foreparts of the Child to the Back-part of the U-TERUS; the Head delivered according to Daventer's method.

In the year 1751; I was called to a labourer's wife. Her midwife, on pretence of being fent for to another, had left her soon after the membranes broke, affuring all present that the child presented properly; and she promi-

fed to return in time for the delivery : but on examining, I found both the arms down at the os externum, and the breast presenting at the

upper part of the vagina.

After every thing necessary was prepared, I had the patient laid across the bed in a supine position, with her breech high and her shoulders low. As the pelvis was large, and the arms of the child finall, I, in time of the labour-pains, stretched the external parts, and introduced my hand into the vagina up to the breast of the fœtus: in raising this, and examining the fituation, I found the head was cast

back above the pubes.

As the breast of the child was towards the facrum, I pushed up my hand betwixt the abdomen and the back part of the uterus, and then went higher and higher in a flow manner; and by intervals stretching the womb, which was frongly contracted, I found the thighs, knees, and legs doubled up to the fundus; but not being able to come at the feet, which were cast forwards on the breech, I hooked my fore-finger into the hams. The purchase not being sufficient, I let go that hold; and at last getting one of the feet betwixt my fingers, I brought that leg down to This was not effected without a the vagina. good deal of fatigue, in pulling down the foot, and pushing up the breast; but not being able to bring down the other, I was obliged to relt fome minutes, to recover the strength of my band and arm.

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Having procured a fost garter from one of the the affiftants, I formed it into a noofe, and tried to introduce and fix the ligature round the ankle of the child; but the foot was too high to admit its being applied properly. was again obliged to introduce my hand into the uterus, and by pushing up and pulling down as before, brought the foot without the os externum; then, with the affiftance of the noofe, I altered the bad pofition, by raising the head and breast to the fundus uteri, bringing down the breech of the child to the lower part of the womb, as in Cafe 2.

The arms of the fœtus, by this movement, returned into the uterus, and afforded more room to bring down the other leg. Having wrapped a cloth round both, and finding, on extracting the thighs and hips, that the belly of the child was towards the pubes, I turned them to the facrum. As the body came easily along, I did not bring down the arms, neither did I introduce my fingers to the face, to turn the forehead into the concavity of the facrum; but by preffing down the shoulders of the fœtus, brought the occiput out from below the pubes.

The child lay a long time feemingly dead, but at last recovered. In the mean time, one of the affiftants imprudently telling the patient it was dead, she was immediately thrown into convulsions, and with difficulty removed from instant death, by applying stimulating things to her nofe, such as burnt feathers, woollen rags, and spirits; and when she retrieved the

ule

202 CASES IN MIDWIFERY.

use of her senses, the cries of the child contributed greatly to her recovery.

CASE VI.

The Face of the Child prefenting, with the Chin to the right side of the PELVIS, 1728.

The waters, in this case, had been discharged many hours; the head was at the upper part of the pelvis, and did not advance lower, although the pains were strong and frequent; but as the patient grew weaker, and was every now and then attacked with fainting-fits, the midwife apprised the friends of the danger, and desired them to send for my affistance.

Having considered every circumstance of the woman's condition, and ordered every thing that was necessary to be in readiness, I had the woman secured in the same position as described in the foregoing case; and in pushing up the sace and head with my lest hand to the lest side of the uterus, sound the foreparts of the child were to the back part of the womb; but in tracing farther up to search for the feet, the strong contraction of the uterus pressed the head with such force against the muscles of my arm, as to benumb my singers, and gave me so much pain, that I was obliged to withdraw that hand.

The patient's position being altered by her shrinking from me, I brought her breech again to the side of the bed, and desired the assistants to hold her in that situation. Encoura-

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ging her, by promising to do all in my power to fave both the child and herfelf, I introduced my right hand into the uterus, and delivered nearly with as great force and fatigue as in the above case. As the child, however, was large, I could not bring out the head in that manner, but was obliged to deliver it as in Cafe 2. to bework site that the best of

ston and should be designed but and C A S E VII.

The Face presenting, with the Forehead above the Pubes, and the Chin forced down to the concave part of the SACRUM.

unilablished of the selection flat Being called one morning early, in the year 1750, the midwife informed me that she had delivered the patient feveral times; that her labours were foon over, the children always following the rupture of the membranes; that although the head presented in this case also, she was afraid the delivery was obstructed by a large excrescence, which she imagined filled up the back part of the passage.

The waters had come off the day before, and the woman had been in strong labour all night.

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When I first examined forwards, and towards the pubes, I was deceived as well as the midwife, by imagining that the child's head presented in the natural way; but in making nother trial in time of the next pain, introucing the first finger of my right hand furher up, and backwards towards the facrum, felt an uncommon foft substance, which I felt all around. At last with some difficulty I dif. covered that it was the face. The cheeks were fo much fwelled, that the eyes, nofe, and mouth, seemed as if buried betwixt them, and the chin was backwards toward the left fide of

the pelvis.

The woman's strength being much exhaust. ed, and the child in danger of being foft in this bad position, I resolved to try either to alter the presentation, or deliver in the preternatural way. Having, as in some of the former cases, ordered the patient to be secured and kept firm in the supine position, I gradually dilated the os externum, and raised the head above the brim of the pelvis; but the contraction of the uterus was fo great, and that part of the child fo flippery, that I could not raise up the face so as to bring the vertex to present in the natural way.

The patient had made pretty strong efforts in straining down against me during this trial I now rested a little, to observe if the face of the child would come down lower in the pelvis fo as I might be able to affift the delivery with the forceps; but after waiting some time, and the labour-pains being weak, I at last, by using a good deal of force, pushed up the head to the fundus uteri. The legs were brough down, and the child delivered as in the for mer case. The face was livid and excessive fwelled; but these appearances went off in

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The Head of the Child prefenting, with both the Arms come down, and the Fore-arms appearing without the Os Externum.

Being called to a woman in the year 1724, the midwife informed me, that the waters had been coming for about 24 hours; and altho' she had tried several times to affish the delivery, by pulling at the arms of the child, which were come down before the head, yet the presenting parts stuck so fast in the bones, meaning the pelvis, that she could not bring them lower; and therefore had, as it was a desperate case, sent for my assistance.

On examining, I found both arms come down much swelled, and backwards towards the facrum, with the head advanced a little, in a conical form, at the forepart of the pelvis.

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Considering these circumstances, observing the patient greatly exhausted with the length of the labour, the pains weak, and being certain that the child was still alive, from the motion every now and then of its little hands and singers, I resolved to deliver, if possible, in the preternatural method.

Having ordered the woman to be laid across her bed, and secured in the supine position, I introduced my hand into the vagina, and pushed up the child's head to the fundus uteri, then the arms returned into the womb. After much fatigue, I brought down the feet from Vol. III.

the back-part of the uterus, and delivered the infant, as in the former case. I did not know, at this time, the method of fixing a noose on the ankles; therefore the operation was the more tedious, in pushing up the body, and pulling down the legs sufficiently without the os externum, so as to take a proper hold of them with my other hand. In this operation, I was obliged to rest every now and then, and also to change my hands several times.

The patient recovered; but from the ignorance and imprudence of the midwife, in not fending fooner for affiftance, the helpless child lay meaning and crying for many hours before it expired; for by her pulling at the arms, they were so overstrained and tumified, as to bring on a mortification of these parts.

CASE IX.

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The Head of the Child presenting: the Funis Umbi-LICALIS fallen down before it, and lying in the VAGINA, 1746.

In this case I was certain, as well as in the former, that the child was alive, by feeling a strong pulsation in the vessels of the umbilical cord, which lay in several folds at the left side of the pelvis.

The midwife informed me, that she had selt the same motion immediately after the membranes broke; that the head of the child, although a large quantity of waters had been

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discharged, still kept high; and that being afraid, if the labour was tedious, the child would be loft, she had defired the friends to have recourse to my affiltance, more especially as the woman's former labours were common-

ly tedious, though fafe.

As the patient was then lying in bed, on her left fide, and kept steady in that position, I introduced my right hand into the vagina : and examining the position of the child's head, found that the vertex presented, with the fontanelle to the same fide of the pelvis, where the funis was come down. After this inquiry, I pushed up the head, and tried to flip and pals the cord above it, to prevent the preflure and obstruction of the umbilical vefsels; but finding, as I pushed up the different folds of the funis, they again returned alternately, and eluded all my endeavours to raife them, so as to remain above the forehead and face of the child, I had recourse to another method; I introduced my hand into the uterus, and delivered in the preternatural way, as described in cases 6th and 7th of this Collection.

When the head is not uncommonly large, nor the pelvis narrow, this method of delivery feems most adviseable to fave the life of the child; for unless a very small part of the fu-nis is come down, it seldom can be slipped up lo high as to prevent the pressure of the head and obstruction of the circulating fluids in the

umbilical vessels.

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The Woman's PELVIS distorted: the Head of the FORTUS presenting: but delivered in the Preternatural way; the Arm dislocated at the Shoulder, 1730.

THIS patient lived at the distance of several miles from my habitation. I had formerly delivered her twice of dead children; her pel-vis was very narrow, and distorted at the upper part of the facrum. She had both times been long in labour, and much exhausted before the friends defired my affistance. The heads of both fœtuses were squeezed down of a great length, and so engaged in the pelvis, that she could not be delivered with the assistance of the fillet in time of the weak pains. As the waters had been long discharged, and the uterus was strongly contracted, it was impossible to push up the heads, so as to apply the fillets to advantage, or to turn the children, so as to deliver them in the preternatural method; but at last, after waiting a confe derable time, I had been obliged to open the heads with the sciffars, and extract with the affistance of the blunt hook. Vide Col. xxx Cafe 8.

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As it required a confiderable force to deliver, after the heads were diminished by the large discharge of the contents, I question much, though I had then known the use of the forceps, if I could have faved them will that instrument; for I can very well remem

ber, although now revising this with other cases in the year 1761, the fatigue that I endured at these two labours.

As a ridiculous opinion prevails amongst the vulgar, that there are certain remedies to procure barrenness, and indeed such described by many of the oldest authors, the woman's husband, and some of their friends, called on me foon after the fecond delivery, and begged I would prescribe some medicines of that nature. I acknowledged my ignorance of the effects of any fuch medicines, and defired them not to throw away money in going about to any false pretenders to such secrets; but to fend for me at the beginning of the labour, if his wife should again prove with child. My advice was taken, and I was called accordingly; but before I arrived, the membranes were broken, and most of the waters

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On examining, I found the head of the child resting above the pubes; not, as in the sormer cases, forced down into the pelvis. Although it required much force to deliver the body and head in the preternatural way, yet this being smaller than any of the former children, it was happily saved; but I neglected, at that time, to examine if all the limbs were sound. The father calling on me about three months after, told me, that although I had brought him a fine girl, yet he had been punished for his desire of having children, for she had not the power of her left

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arm. Some weeks after this visit, happening to be in that part of the country, I found the shoulder had been dislocated in time of delivery, and endeavoured in vain to reduce it.

I was again called a fourth time to deliver the same patient. I turned and brought this child the preternatural way; but it being much larger than the last, was lost by being obliged to tear down the head with the sharp crotchet.

After I settled in London, a gentleman who succeeded me in that branch of business, wrote me that he had delivered the same patient, but that he could not possibly save the child; and that he had been so excessively fatigued in the operation, that he could not help wishing I had still remained in the country; in which case he should not have been called to so desperate a labour.

Since I retired from business to the same country, Mr Ingles, who succeeded the above gentleman, informs me, that he delivered the foresaid woman in her last child in the same manner I had chosen in the delivery of the two first children.

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CASE XI.

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The Head of the Child prefented; the PELVIS of the Mother distorted and awry, from the right ILIUM'S being much higher than the other; by which the UTERUS and ABDOMEN were turned to the left Side, 1752.

This woman had been delivered of her first child by another practitioner, who was obliged to open the head of the fœtus, and extract it with the assistance of the crotchet.

When she was in labour of her second child, and only gone seven months, I was called, and as the arm presented, delivered and saved the sectus, by bringing down the legs, and extracting the body and head in the preternatural method.

In her next pregnancy, she went on to her full time of reckoning. Being called to her some hours after labour had come on, I found the os uteri largely open, the membranes broken, and the head of the child presenting. As he was then in bed, and lying on her left fide, I had her turned to the right, that the uterus might be more in the middle, and give the fœtus a straighter position, to be forced along with the labour-pains; but the head did not advance. Confidering that the first was lost by waiting for the natural delivery, that the second was faved by the preternatural method, and as this, by the touch of the head felt small, I thought it fafer to turn, apprehensive that the patient being weak, and of a consumptive tive constitution, she would not have strength to force along the head through such a di-

florred pelvis.

Finding that this position was uneasy to the woman, I had her again turned to her less side; but introducing my right hand into the uterus, and finding the legs of the scetus to the right side, without being able to reach them in that position, I was obliged, by the aid of the assistants, to place her on her knees and elbows, according to Daventer's method. The narrow pelvis cramped the muscles of my arm so much, that with difficulty I got my hand so high as to bring down the legs; then I turned the patient to the supine position.

The woman having been much fatigued, I gave her a cup of warm wine, with ten drops of Tinct. Thebaic; but a flooding coming on, I was obliged to deliver the child immediately; being larger than I expected, it was lost in

extracting the head.

The force exerted in turning the child had disengaged the placenta, which was the occasion of the flooding. The pelvis was so narrow, that although I used all the precautions described in the former cases of this collection, yet I could not deliver the head so fortunately as in my former attendance on this patient.

As the mother recovered with great difficulty, I was forry, on reflection, that I had hazarded this method in so weak a patient; I wished I had rather waited the efforts of na-

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ture; and if these had proved insufficient, that I had used the forceps, when the head came low down in the pelvis; or at least, if all her efforts had been insufficient to render that assistance practicable, that I had delivered the child as in her first pregnancy.

CASE XII.

The Head of the Child delivered according to Daventer's method, in a letter from Mr AIRES, dated Boston, 1749.

THE woman was attacked with cholic pains and convulsion fits. He was obliged to bring the child footling, from its presenting with the arm: this he eafily effected, till it was extracted to the shoulders, where it stuck pretty: much, and gave him great trouble in bringing down the arms. Then he tried, with his: fingers in the mouth, to deliver the head, by pulling it upwards towards the pubes; but finding a great refistance, and pushing his fingers further up, he found the placenta down in the back part of the pelvis; which last being very strait; had forced the head so against the pubes, that it refifted all the force he durst apply. He then introduced a finger between the head and that bone, to difengage it; but it answering no purpose, he seated himself on the floor of the room, and ordering the woman's breech to be brought a little over the fide of the bed (she lying in a supine condition) he delivered the head by pulling the body of. best and the book K. 5. lost Las beliethe.

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CASES IN MIDWIFERY. 214

the child downwards. The child was dead. and, luckily for the woman, fmall in fize; fo that the recovered very well. The and the proof bad been influenced to render that callinger

CASE XIII. and Supplement to CASE III.

A cafe from Dr DERBAN, in which the Arm prefented, dated 1750.

Vide Collect. XXXIII. No 2.

I was called to Mrs S. a well-made woman about 35, who had feveral children. I found with her two midwives, who acquainted me that the waters had been come away about eight hours, or stated, are blood out of bu

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Her pains were firong and quick. Upon touching her, I found a hand prefenting in the vagina. While endeavouring to diftinguish which hand it was, it protruded through the or externum to the clbow. This was the full case that offered to me in this country; and as I was apprehenfive the head might perplex meif I delivered footling, I endeavoured to return the limb, and facilitate the natural delivery of the infant. The limb could be returned into the vagina only, whence it often protruded. The contraction of the uterus was too ftrong to admit my changing the polition of the child, by forcing up. My hands became cramped, I was obliged to quit that attempt; but during these endeavours, I discovered that the shoulder and back presented, with the headlying

ing to the left ilium. After refreshing my woman with cordials of her own, and encouragements, while I refted my hands, I fearched for the feet, which were quite up at the fundus uteri : thefe I fecured between my fingers; and the arm re-entered as I brought them down. When I had them just without the os externum, I wrapped! a piece of fine cloth about them, and held them gently, drawing with one hand, while I endeavoured to affift the polition of the face with the other flipped up along the ster-

I found some considerable resistance push up the hips a little, and gave the quarterturn. I then proceeded, and delivered the infant, with a turn of the umbilical cord about its neck; this I divided instantly, and extracted the placenta. After resting a little while from her fatigue, my patient was put to bed: the child lived about half an hour.

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CASE XIV. and Supplement to C A S E. III.

The Arm prefented, much Swelled; and the Fonts was down. In a Letter from Mr Mudge, Plymouth, 1747...

HE was fent for to a woman who had been four days in labour, and the waters had passed off three days before. He found her: very weak, and her pulse was very much de-K 6

preffed. On touching her, he was very much furprifed to find the arm hanging out of the os externum, and the shoulder quite filling the mouth of the uterus; it was ex. tremely swelled, and quite black with the violence it had fuffered for three days successively, by the rude pretended affistance of the midwife. The cord came down by the fide of the arm, the pullation of which was evident enough. Small supplied

He without great difficulty (the pains being luckily absent) pushed up the breast of the child, introduced his arm quite to the elbow into the uterus, before he could come at the feet, which he took hold of. The arm foon went up, and the delivery was accomplished: he wrapped up the child's arm in

port wine.

It was a flout boy, and both it and its mother did very well. No labour could havea more unpromising appearance, and yet it turned out very eafy; the whole did not last above fix minutes.

Mr Chapman, in his Treatife of Midwifery, page 111, relates a case, in which the arm was taken off; the child was alive, and lived to be

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CASE XV. and a Supplement to CASE IV.

The Shoulder prefenting: a pendulous Belly delivered with difficulty. In a Letter from Mr Mudge, dated Plymouth, 1749. With an Answer, advising in such Cases to try Daventer's method; and also a paragraph from Dr Gordon in Glasgow on the same Subject.

HE was called to a patient an hour after the membranes were broken. She had some slight pains: but he could not, in examining,

reach any part of the child.

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After she had been two days in a lingering way, he at last felt some part presenting like the nates. She had not felt the child stir for many hours, and the meconium began to come off: although the pains gradually increased, yet the child did not advance. The patient's strength failing, he laid her across the bed, and introducing his hand into the vagina, found that the right shoulder presented, with part of the arm, not fallen down into the passage, but lying across the os uteri.

He then infinuated his hand into the uterus, along the belly of the fœtus, to fearch for the fœt, and with great difficulty got down the left leg; but could not bring it without the os externum so as to get a cloth round it, in order to affist the turning: He tried the noofe feveral times; but it would bear no great force without slipping. A flooding coming on from

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the great force used in trying to bring down the other leg, which, with the breech, hung over the pubes from the abdomen, being very pendulous; he changed hands, the right being exceffively fatigued, and endeavoured to come at the other foot with his left hand; but it was quite out of his reach, nor could he in the least turn the child at all; though he pushed up the shoulder with great force, while he tried at the same time to pull down the leg that was

in the passage.

All this time the woman was bleeding exceffively, and he was afraid every moment that the would die under his hands. He then fent for the largest fized forceps that is used in extracting the stone, and laid hold of the leg with them; but after feveral fruitless attempts could not move the child. He was almost fatigued to death, and in the greatest anxiety of mind to think he should see his patient die under his hands. He determined to make one final attempt to come at the right leg: he introduced his hand and arm into the uterus, and pushing still higher and higher, he at last got his arm fo far till his elbow was in the middle of the pelvis, By which means he had now an opportunity of bending his arm over the os pubis, and got hold of the foot, which he immediately grasped and brought down to the passage. The buttocks following, he soon delivered the child, which was very large and dead. The placenta was foon delivered: the flooding stopped at once, and the mother did well.

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The following, Lawn, has been of ule to The Answer to the foregoing Letter. then formerly, especially where the abdomen

I HAVE had feveral cases wherein I have had much the fame difficulty, and have been greatly fatigued before I could bring down the legs; especially in pendulous bellies, where the legs of the child were to the forepart of the uterus: and no vail engline it sails

The woman is kept much firmer when laid in the fupine position, and you come at the legs eafiest when they are towards the backpart or fides of the uterus; but when at the forepart you find them better, by having the patient lying on her fide; because then you can fland behind, and your arm is not interrupted by the pubes fo much as when in a fuwhen he wins the mother to her noitilog said

Ihave also of late found, where the belly has been very pendulous, and I could not reach the feet easily in the side position, that by turning the woman to her knees and elbows, I came much readier to the feet, as that position takes off the great pressure of the uterus.

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This was Daventer's method; and to confirm you in this practice, I fend you a paragraph of a letter from Dr Gordon in Glafgow, who is my old acquaintance, and fenior pracutioner in the art of midwifery. I had before that wrote to him, and defired the favour that he would communicate to me the most material things which he had found in his practice that might be of use to the public.

The

The following, I own, has been of use to myself; having oftener used his method since than formerly, especially where the abdomen

is pendulous, as your cafe was Land awan I

He writes, that one of the principal things to be known in midwifery, is the position that the patient is to be placed in when you want to turn the child and deliver it by the feet; and that is to place her on her knees and elbows. with her breech raifed higher than her head; for you operate much easier with your hand downwards than you can do with it upwards, when fhe is laid on her back; besides the weight of the child affifts you when you push the body back, in order to get hold of the feet. He fays he always found this the best posture, until the feet are descended to the os externum: when he turns the mother to her back and delivers her. izen very nendalous, and a could

CAS E XIV. 165 156

A Case, in which the Chin presented; a Practitioner sailed both in trying to deliver with the Forcers, and to bring the Child sootling; but another being called, succeeded in the last Method. In a letter from Mr J. dated P. 1749.

HE was called in by another practitioner, where the chin had presented. The first had several times tried to deliver with the forceps, and broke the lower jaw with his fingers. He then essayed to turn and deliver it by the seet; and in endeavouring to bring down one leg with great force, it was pulled off; a flooding coming.

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when after thod then coming on, and his strength being quite ex-

hausted, the other was called.

The woman's strength was almost gone. He introduced his hand into the uterus, and after great fatigue and sweating, he got hold of the other foot; over which he fixed a noose, which he twisted round one hand, while with the other he raised up the head and breast, and got the body delivered.

It stuck at the shoulder, but by giving it a quarter-turn the obstruction was removed, and at last the head was delivered, though not without a good deal of trouble and caution; on account of the largeness of the head, and the bad hold at the broken jaw. The child was dead, and the woman expired in seven or eight minutes from the great flooding.

I wrote him, that no doubt the gentleman, fince he did not succeed with the forceps, acted right in trying to turn; but then, when it required so great force (which undoubtedly brought on the fatal hæmorrhage), it would have been safer for the woman had he opened the head as it presented, and extracted with

the crotchet.

However, it is impossible to judge, except when present; and we are too ready to restect, after an unlucky case is over, that another method would have been better, though we acted then to the best of our judgment.

CASE XVII. and a Supplement to show Same CASE II.

The Head presented; the PELVIS distorted; the For-CEPS tried in vain; the Child delivered footling. In a letter from Dr G. dated L. 1746.

Vide Collect. xxxv. Cafes 21 and 22.

THE woman was about thirty; had been rickety in her youth, one shoulder was higher than the other; one of the offa pubis was confiderably farther protruded than the other.

Before he was called she had been three days in labour. The mouth of the womb was largely open. The head was well advanced in the pelvis. She had frequent pains; but the head did not advance further. On introducing his hand he found a great moisture, and withdrawing it perceived it befmeared with ineconium; whence he told the by-standers, that the child was either dead or very weakly. On inquiry, he was told that there had been no stoppage of urine. The position being fuch as favoured the use of the forceps for extracting the child, he introduced it accordingly, not doubting to find an eafy delivery, as he had often feen and experienced with the help of that instrument: but, contrary to expectation, he could not move it with all his force.

After this he withdrew the forceps, and raifed the head of the child; on which the urine flowed out to an incredible quantity. Believing the distention of the bladder had hin-

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dered the head from advancing, he again tried the forceps, but could not mend the matter. On examining, he found he could introduce his hand without much difficulty; he then turned the child, and extracted it by the feet, after being fatigued almost to death. The woman recovered.

He defired my opinion of the labour; and begged to know if I thought it not always fafer in nickety patients to turn the child.

I wrote to him, that I had oftener than once. in the beginning of my practice, in those cases, brought the child footling; and although I had fometimes succeeded, yet in others, I could have wished, after the head was turned up into the uterus, that it were still in its first place: because when the body was delivered, the head fluck to above the pelvis, that it was not possible to fave the child; and the parts of the woman were fo bruiled, that if she did not die, she recovered with great difficulty: that no doubt it was our duty to do all we could to fave the child, but not fo as to endanger the woman's life: however, in this case, as he could fo easily introduce his hand, I thought it was right to try that method to fave the child's life. is Being landay in their particulous, I

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From Mr Jo. Gibson, Surgeon in Harwich, January 18th, 1755. buned the child.

A Cafe in which the Arm persented.

On the twenty-fourth day of last month, I was called at ten o'clock, to a young gentle woman of a delicate constitution, in labour of her first child, the first breds and be sawn

The midwife had been with her the greater part of the preceding night. She told me that the waters broke at five in the morning; that the patient had no pains fince, except a few flight ones, which were chiefly in her back and loins; that the parts were so tight she could make no way for the child; but the felt nothing uncommon, blissed to val encodificated

Upon examination I found the os externum fo tight, that I had scarce room to introduce two fingers; but with my first, I felt the arm much swelled, and far advanced in the vagina in a doubled form, the fore-arm being reflect

ted upwards. fol ad spelbount y its cannot

The os externum felt thick, but lax and

yielding.

Being satisfied in these particulars, I could with great certainty foretel the difficulty that would attend the delivery; which I at last furmounted in the following manner.

Finding the patient had not been much fatigued, either by the pains or midwife, I play

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to support and keep her steady in bed.

I first began to subricate and dilate the parts gently; by which means, in about half an hour, I made room for the admission of my hand, which I introduced in a flattened form to the brim of the pelvis, which I felt narrower than usual, occasioned by the last vertebra of the loins and upper part of the facrum being too near the offa pubis.

I found also the top of the shoulder of the child entering the brim of the pelvis, the breast towards the sacrum, the head over the pubes,

and the feet at the fundus uteri.

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I endeavoured to raise the presenting parts, and bring down the legs; but the dryness and strong contraction of the womb, which, together with the pains, now acted forcibly against me, soon convinced me that it was impossible even to move them an inch.

This method not fucceeding, I pushed up my hand, by which I stretched the sides of the uterus, and by that means with great difficulty reached the seet, which I endeavoured to bring down; but my hand and singers were now so cramped that I could not move them.

I rested a while; in which interval the patient was seized with a deliquium, which took off the pains and contraction, so as to give more liberty to take hold of one leg, which I brought down as far as the bending of the knee would allow me; but could not bring down the other.

Having brought out my hand, I placed a noofe

noofe upon my fingers, and with great diff. culty I put it over the ankle; then taking hold of the garter with my external hand, I pulled down with this, and shoved up with that in the womb; and by these means turned the head and shoulder to the fundus uteri; the leg was brought through the os externum, and the thigh into the vagina of benefits of leile

Having fucceeded to far, I withdrew my hand from the womb, and affilted with both externally, pulling from fide to fide, and giying the proper turns (according to your directions), till the body was extracted as fat as

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the breaft. . . from aubnul s.il is teet an ben Finding the body was obstructed in coming farther by the arm lying across, I brought down that, and then the other; and after the shoulders were come through, I with two fingers in the mouth pulled the chin to one fide, and brought it into the pelvis; then turning the patient to her back for more liberty, moved the forehead to the concavity of the facrum, and delivered the same with a half round turn upwards. . I could the feet being

1 tried all the common methods to recover the child; but to no purpole, The patient enjoyed a good night by the help of an opiate,

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COLLECTION XXXV.

[Vide Vol. I. Book III. Ch. IV. Sect. 5. No 1.]

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Preternatural Cases, wherein the women were delivered by the assistance of the crotchet.

[Vide Anatomical Figures, Tab. 35 and 36.]

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The Legs lying double in the VAGINA, and the Knees presenting; the Child lost, from the Head and Breast being engaged in the PELVIS. 1723.

Vide Collect. XXXII. Cafe 1.

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MIDWIFE who was attending a woman A in the country, finding, as fhe imagined, after the membranes were broken, that instead of the head one of the arms was pushed down into the vagina, and acquainting the friends with this circumstance, they immediately sent for me. I found, when I examined, that instead of an arm there were two legs lying double in the vagina, and the knees prefenting: at first indeed I found but one, which was lower than the other, and I imagined it was an arm, as the child was but small; but going round the vagina with my finger, I felt the other; I diftinguished the knees by their baving a more obtuse feel than the elbows; and bringing one of them through the os externum.

num, was much better pleased to find it was a foot. Having placed the woman in a supine position, I brought down the other leg; and having wrapped a cloth round the feet, I pull. ed the child gently along. As it was one of the first cases of this kind which I had feen, I had not the precaution to introduce my hand to feel before I brought down the body, whether the head was low down or up towards the fundus; for after I had brought the breech down to the os externum, and turned the back. part of it from the right fide of the pelvis to the pubes. I could not bring the body lower down than to the fmall of the back. Finding, after reiterated trials, that it would not move farther, I pushed up the fingers of my right hand along the belly of the child, and found the head folded down on the breast at the side. and both fqueezed together in the pelvis. I tried to push up the body and my hand further to raise the head; but the body filling up the pelvis, and the head and breaft being fqueezed together by the former force in pulling down, I could not, after feveral trials, alter the position. I was then obliged to pull down the body with greater force, till I found, after repeated trials, that the vertebræ of the loins were so overstrained it was impossible to fave the child. I then introduced the crotchet up betwixt the head and the breaft, and fixed it on the middle of the sternum, as I afterterwards observed, pulling the instrument with my right hand, and the body of the child with the left, I endeavoured to extract. Finding the

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the parts tear down, and that the shoulders did not advance, I pushed the crotchet farther up, and got a firm hold above one of the clavicles, which brought down the shoulders, and the head followed with little difficulty, the child being small.

This was a caution to me in the fequel, to examine the position of the head before I brought the breech into the passage, that I might raise it, so as to prevent any such ob-

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CASE II.

The Breech presented down to the middle of the PEL-VIS; the Thighs to the Pubes; a narrow PEL-VIS, and this the Woman's first Child. 1746.

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Being called by a midwife in the morning, I was told that the membranes had broken about eleven at night, that the breech prefented; and though the pains had been strong, yet it had not advanced in the least for two or three hours, notwithstanding the efforts of the midwife, who had tried several times with all

her force to bring it along.

As the woman and the pains were now reaker, I tried, while she lay on her side, to elp along the breech, with the assistance of my singers introduced to the outside of each roin. This method not succeeding, I pushed to bring own the legs, which lay extended up the undus uteri towards the lest side; but the outraction of the uterus was so great, that al-Vol. III.

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though my hand was up at the legs, I could not possibly bring them down, the pressure of the breech, which I could not raise higher than the brim of the pelvis, joined with the narrownels of the same, so pressed and pained the muscles at the forepart of my arm, that I was obliged to withdraw it two or three times. These attempts proving abortive, I turned her to her knees and elbows, and introduced my left hand as the most proper when in that po. fition, and the legs to the left fide. The breech receded farther, and my arm was not fo much confined; but the contraction of the uterus was fo great at the fundus, that I could not possibly bring down the legs, although I rested feveral times, to keep up the strength of my hand and arm; at last they were so fatigued and cramped, that I was obliged to defift. Being afraid of tearing the uterus from the vagina, I altered her from this position to her back, keeping her shoulders high, and tried again, in time of a pain, to help the breech along, as at first, but to no purpose. I then had her breech raifed with pillows, and her head and shoulders laid lower; then I pushed up my right hand that was a little recovered from the former fatigue, but failed in this allo, after feveral strong efforts.

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I was now fo wearied, that I was obliged to rest, and consider what was next to be done The child, I found by these trials, was large and the pelvis distorted at the upper part the facrum; and indeed the projection of the bones had bruifed and hurt the backpart of

my hand at the last trial. By these several endeavours, the placenta, I suppose, being partly loosened from the uterus, brought on a difcharge of blood, which made me afraid of tracing up again into the uterus. I attempted to bring the child double, with my fingers on the outfide of the hips or groins in time of the weak pains; but finding this was to no purpose, I introduced the curve of one of the handles of the forceps on the outfide I they were not then altered from crooks to wooden handles, as I now have them] betwixt one of the thighs and the abdomen of the child. When I found the point sufficiently through betwixt the thighs, I introduced two fingers of my left hand to the groin of the opposite hip; then pulled with that hand, and the blade of the forceps with the other; but still finding this force was not fufficient, I introduced the handle of the other forceps at the other fide, and pulled by both with greater and greater force, which moved the breech to the lower part of the pelvis, and the hams below the pubes; but I found in time of pulling, that one of the handles slipped from the joint on the thigh, which it fractured. I then brought down the legs, and after turning the oreparts of the fœtus to the backpart of the uterus, I brought down the body, and tried o deliver the head as described in the cases of Collect. XXXII, where the legs or breech preent; but all these different methods failing, I ried first to deliver the head with the short foreps; but they slipping several times also, I was

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232 CASES IN MIDWIFERY.

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in the following manner.

As the body and arms were delivered, and the neck stretched to a considerable length. I directed an affiftant to hold up the body of the child towards the pubes and labdomen of the patient; by which means I had more room to introduce the fingers of my left hand up betwixt the right fide of the pelves and child's head: even this I was obliged to raife to come at the os uteri. I then, with my right hand, introduced the crotchet along the infide of my left (the point towards my hand) to the head; then turning the point to the os frontis of the child, which lay to that fide, I pushed up the instrument betwixt my fingers and the left temple (which lay toward the right groin) to the upper part of the frontal bones, wherely tried to fix the point; but this being a straight crotchet [for I had not then contrived the curved crotchet, which is principally ufeful in this case the point did not take sufficient hold, or go sufficiently up to fix in the skull, but slipped two or three times, and only tore down the scalp. I then withdrew the crotchet in a cautious manner.

After having rested a little, I again introduced my left hand in the same manner, but more backwards, and the crotchet along the right temple, above the forepart of the ear, where at last with some difficulty I fixed the point. I now brought down my less hand took held of the crotchet with it, laid the body of the child on that arm, and placing the fore

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and middle fingers of my right hand over the shoulders, and along each side of the neck, I began to pull down the head, and gradually increased the force. Finding the crotchet had a sufficient hold, and did not slip as before. and that the head did not yet begin to move. I flood up and pulled the body and crotchet upwards to the pubes with great force, which brought down the forehead to the lower part of the pelvis, at the right fide of the facrum and os coccygis: then turning it more backwards, I delivered the head, by bringing it with a turn upwards from below the pubes, where it turned as upon an axis, and prevented the laceration of the perinæum and parts below, which at that time were stretched in form of a large tumour.

I examined the child's head, and found the skull was tore open about two inches at the above-mentioned place, and some of the cerebrum had been evacuated in time of pulling; a circumstance which diminished a little the

fize of the head.

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When I was first called, I desired the midwife to allow my pupils to be present; a proposal to which she and the woman assented, but restricted the number to four, on condition that I should deliver her without any other consideration for my trouble.

This case satigued me so much, that I was sarce able to move my arms to my head next lay; and although the weather was not warm,

sweated excessively.

L 3

CASE

CASE

The Shoulder presented; the FOETUS delivered by tearing down the Body with the Crotchet. 1722.

THE woman was young and strong. This was her first child; the membranes broke the day before; she had strong pains all night. When I arrived in the morning, I found the shoulder forced down to the lower part of the

pelvis.

Having placed her in a fupine position, with her breech high and her head and shoulders low, I was obliged, after dilating the os externum flowly, to use greater force before l could raise the shoulder so as to introduce my hand into the uterus. I found that the left shoulder presented, the head was turned back to the right, and the fore-parts to the back-

part of the uterus.

The position being known, I tried to pull up my hand to come at the feet, which were folded up to the fundus uteri, but turned in operating to the right fide. Finding that I could not possibly reach them with my right hand, which was now beginning to be weary and cramped, I withdrew it, and attempted to introduce my left; but the head was fo firmly engaged at the right fide, that I could not polfibly gain admittance. I again tried with my right, and repeated one effort after another, changing hands, and altering the position of the patient, till I was at last excessively fatigued, and obliged to defift. I rested about half an hour,

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hour, confidering what I should do next, and waiting until I should recover the use of my arms.

By these efforts, and the exertion of great force, a considerable flooding was brought on; and this alarmed me not a little, especially as it was one of my first cases, and I had not yet attained that calm, steady, and deliberate memethod of proceeding, which is to be acquired only by practice and experience. I had over-fatigued myself, from a false ambition that inspires the generality of young practitioners, to perform their operations in the most ex-

peditious manner.

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an ur, Finding I could not reach the legs, I infinuated my right hand up to the left fide of the child, and along that introduced a crotchet with my left above the ribs: there this inftrument being firmly fixed, I withdrew my right; then taking a firm hold of the handle of the crotchet with that hand, I pulled down the fide while I pushed up the shoulder with my left. By these means, after repeated trials, and using a good deal of force, the head and shoulders were so raised, that I was able to bring down the body double, and the head sollowed.

I was glad to find, that although the child came in this manner, and all of a fudden, the woman was not at all lacerated or hurt.

When I examined the child, I found the crotchet had fixed first on the lest side of the belly, which it had tore open, as well as the false ribs; so that most of the contents were:

L 4

236 CASES IN MIDWIFERY.

evacuated, and the body was allowed to pass

along double.

One mistake I made at first fatigued me much before I was aware: my hand had run up on the outside of the membranes.

C A S E IV.

The Arm, Shoulder, Ribs, and Neck, pushed down without the Os EXPERNUM. 1730.

The midwife told me, that when she was called the membranes were broken, and the hand lay in the vagina. A gentleman in that neighbourhood had been called, and attempted delivery; but hearing I was sent for, he took horse and rode off, being the same that was concerned in the case described Col. XXXIV.

No 1. Cafe 7.

I found the arm, shoulder, neck, and part of the ribs pulled without the os externum. When I inquired of the midwife, if these parts were forced down in that manner by the pains? She said, that before the other practitioner came, the pains had pushed the child so low that the arm came out; but that she had solded it up again into the vagina, and kept it there till he arrived. She owned, that after he had sailed in attempting to turn the child, she assisted him in pulling at the arm with great force, but could not bring the body farther; and when he proposed taking off the arm, the woman desired I might sirst be called.

I then, with the midwife, inspected the parts, because I could find no fundament, and

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showed her that the vagina and rectum were tore into one.

The arm, though not much fwelled, was livid, as well as the other parts of the fœtus that appeared externally; for it had lain in that manner three or four hours at least from the time I was fent for.

I never expose the parts of my patients except on fuch extraordinary occasions, when it is necessary to observe whether any harm has been done.

After I had endeavoured, without fuccess. to push up these parts into the uterus, first by placing the woman in the fupine position, and afterwards on her knees and elbows, I was obliged to introduce the crotchet, and deliver the child in the fame manner as directed in the former cafe.

The parts were much inflamed; but by the application of bread and milk poultices, the swelling subsided, the lacerated parts digested. and the with difficulty recovered.

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About two months after her delivery, being in that part of the country, I called at her house; and contrary to what I had observed in all other cases of such large lacerations, in which the parts are commonly fo weak as not to be able to retain the fæces, the parts in her were fo contracted, and the paffage was become fo narrow, that she voided them with great difficulty. Vide Collect. XL.

CASE V.

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The Arm protruded and swelled; the Arm and one of the Legs pulled off; the Body and the Head deliver. ed with the Crotchet. 1748.

THE midwife called on me, and begged I would prefcribe fome medicine to promote the delivery of a woman whom she had attended two days; she faid the membranes had broken foon after she went thither, and one of the arms coming down, was pushed without the parts; but she had kept it warm. I told her the woman should have then been delivered, and no medicine could do any fervice.

In about two hours I was fent for, and found the fore-arm without the os externum, much fwelled. The woman was little, not young, and this the first child. I tried several times to push up the arm and shoulder of the fœtus, but was prevented by the largeness of the arm and fmallness of the pelvis. I attempted to bend the arm [which was the right], so as to fold it up into the vagina, that I might pushit up before my hand; but the swelling was to great at the elbow, that I could not bend it. I then pulled and twisted round the arm, and endeavoured to separate it from the shoulder, but could not with all my force. I pushed up the fingers of my left hand to the arm-pit, and tried to fnip through the skin and ligament; but it lay fo high, and was thrown fo much forwards by the distorted parts at the brim of the pelvis, that I could not get up my fingers

or sciffars sufficiently to that part. I wrapped the fore-arm in a cloth, and pulled and twifted it with great force, fo that at last it separated at the elbow. I was forry for this incident, apprehending there was less hope of pulling off the arm when the firm hold of the fore-armwas loft; however, contrary to expectation, I found the same advantage as if it had been pulled from the shoulder; for the arm being hort, eafily folded up in the vagina, to the fide of the fœtus. I now gave both the woman and myfelf fome respite, that we might recover from fatigue. Having refumed my labour, the arm and shoulder were pushed up into the uterus. Then I felt at leifure the position of the child. The head folded back betwixt the houlders above the pubes; the left arm and leg lying over the breast, and to the fide and backpart of the uterus. I now repeated my efforts, and by pushing up higher, got a firm hold of that foot betwixt two of my fingers; pulling down this and pushing up the breast, I brought the leg down without the os externum. Having wrapped it in a cloth, and taken a firm hold with my right hand, I pushed up my left, to try to bring in the right hip, which lay over the: pubes; but found it impracticable to reach high, on account of the narrowness of the pelvis. Endeavouring to pull the left leg and thigh, so as to bring the hips lower, after reiterated efforts, and increasing the force every time, instead of bringing the body lower, I pulled the thigh from the hip. I was obliged. to rest again, to recover from this second fa-L 6 tigue.

tique. I again introduced my right hand into the uterus, and with great difficulty brought down the right leg; but the pelvis being too narrow to allow passage for the body, which was large, I had recourse to the crotchet, with which I tore open the belly. I was obliged to use the fame method in tearing open the breaft, to bring down the shoulders and the arms; and afterwards to rest a considerable time to recover my ftrength, which was almost exhausted, before I attempted to deliver the head, which I was certain would require still a greater force. Finding the face and forehead were to the left fide, and a little forwards towards the left groin, after getting an affiltant to hold up the body of the child, I infinuated my right hand at the left fide of the facrum, and introduced a crotchet in the fame cautions manner, as described in the second case of this Collection, along at the left fide of the bones that were distorted, and formed a large hollow at that part, which allowed room for the instrument to pass easily. Having now altered my crotchet from the ftraight to the curved form, the point went higher up, and fixed near the vertex. Bringing down my right hand, I pulled gently at first, till I found it was firmly fixed; I then began to extract with greater force, while at the fame time ! pulled the body with my other hand. By reiterating these efforts, I got the head at last delivered, but not before I changed hands, and was obliged to pull the crotchet with my left, which brought the forehead from

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The crotchet had tore all the left bregma down to the temple; a laceration which allowed a large part of the cerebrum to evacuate, and the bones of the cranium to collaple. The great force used in turning the fætus had brought on a flooding, which diminished on the delivery of the child and placenta; part of the last, however, adhered fo firmly to the right fide of the fundus uteri. that I was obliged to separate it with the fingers of my left hand. As the woman complained of great pain, and her pulfe was a little funk from the large discharge, I ordered an anodyne mixture, with 20 drops of Laud. Lig. and half an ounce of Syr. e Meconio, which had the defired effect, by procuring rest, and a plentiful perspiration; and although the weakness and pains continued for many days. vet she recovered.

About two years after I was again fent for; but being engaged, another gentleman was called, who told me that he was obliged to open the head, and was vallly fatigued in extracting both it and the body: this violence threw the woman into a violent fever that de-

froyed her.

Probably the losing fo much blood when I delivered her, might prevent the inflammation and fever.

This case so fatigued me, that I was obliged to shift, and go to bed after I was carried home in a chair. My hands were so swelled that I could

could only use my fingers like a gouty person for a day or two.

CASE VI.

Both Arms pulled without the Os EXTERNUM: the Breass to the lower part of the PELVIS. The Case bappened 1734.

THERE had been two midwives with this woman for two days; one of those was her mother. Both arms had been down most of that time, and these they had often pulled to bring the child as it presented.

I found both arms pretty much swelled, and one was almost pulled from the shoulder; for it only hung by part of the skin, which I snip-

ped off with the scissars.

I inspected the part, and found the remaining arm and parts of the woman livid, but not tore.

The patient was then flooding, and had lost a great deal of blood; from which, joined with the long fatigue of labour, her strength was fo exhausted, that she appeared in a dying condition.

I fuggested my apprehension to the husband and friends; who begged me, if possible, to de-

liver her before she expired.

Contrary to my expectation, although the breast was pulled low down, I easily pushed it and the arm up into the uterus, and brought the child footling.

I had no hopes of her recovery, although the feemed to revive a little, from the joy the her trodu

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of being delivered; because I was pretty certain that a mortification was begun, from the livid appearance of the external parts, and her complaining of no pain, when I introduced my hand into the vagina and uterus.

The placenta was all detached, and lying loofe in the uterus. This was not her first child. I was called in the evening, and she lived till next morning.

CASE VII.

Both Arms presented: the Child delivered piecemeal; the PELVIS small, and the Child large-1730.

ONE of the arms had descended, and been so pulled by the midwife, that the shoulder was down to the os externum.

I tried to raise the shoulder by passing upalong the arm, which was excessively swelled and livid, it having been down in that position above 24 hours; but I could not introduce my hand. Considering that the child was probably dead from its being so long in that situation, and its not being selt to move by the mother for many hours, I thought it was most expedient to separate the arm from the shoulder. This last being low down, I guided the points of the seissance low down, I guided the points of the seissance to it, and easily separated the arm; partly by cutting the skin and ligaments, and partly by pulling and twisting.

In pushing up the shoulder into the ute-

rus, I found that the pelvis was small and the child large. I brought down only one of the legs, which was pulled off, as in Case 5.; then with great labour I brought down the other, which gave way also by the force of pulling.

I was afterwards obliged to tear down the body with the crotchet, and even to fix the

fame instrument on the head.

Being the straight kind, it slipped several times, and hurt the infide of my left hand in two places, while I guided the point from hurting the vagina of the patient. At last, gaining a firmer hold above the ear, I fixed the fingers of my left hand over the shoulders, and pulled with great force, both at the body and crotchet. Finding it did not move, I wrapped a cloth round the shoulders, and pulled at them with fo great force, as almost to separate the head. By these means the head was brought a little lower; yet not daring to exert again such violence at the body, I pulled by the crotchet, which brought the head down to the os externum; and in raising the body and pulling it upwards, it at last sepa-

The head, however, being brought low, I took hold of the under jaw; and pulling at that, while Lexerted more force at the crotchet, the head was also delivered.

The woman behaved with great courage, although she had been much fatigued, and weakened by a flooding brought on by the great force that I was obliged to exert in turn-

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turning the fœtus. This woman also recovered, contrary to every body's expectation.

CASE VIII.

The Breast, Neck, and Chin presenting; the Woman died before the Os UTERI could be sufficiently dilated to deliver the Child. 1753.

THE midwife told me, that when she was called, the membranes were broken; and although the mouth of the womb was very little open, she found that the child did not present fair.

A gentleman was fent for; but he being otherwise engaged could not attend. Mr Smith was then sent for at six; and finding that the pains, which were frequent and strong, could not push down the presenting parts to open the os uteri, he tried to stretch it; but not being able to dilate more than to introduce two singers, and a slooding coming on, he sent for Mr Mackenzie, who then attended me as senior pupil.

He likewise tried to dilate; and finding, although the os uteri yielded considerably, he could not possibly introduce his hand, he de-

fired I would come about seven.

He told me that the funis was fallen down into the vagina, and that he had not felt any pulfation in it: that he had dilated the os uteri confiderably; but that his hands being cramped and fatigued, he was obliged to defift.

I felt the woman's pulse, which was still pretty

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pretty good, and not much funk. Considering that the pains were now weak, and could do little service in pushing down the child to stretch the os uteri; being also asraid that the woman would grow weaker and weaker, and having never before failed in stretching the os uteri in women that had children before, which was her case; I resolved to attempt it without delay.

I examined in the fide position; but as that and the supine had been tried before, I had her placed on her knees and elbows; and sound that the mouth of the womb was so largely opened, as to receive all my singers up to the middle of the third joint; but I could not

stretch it so as to introduce my hand.

I then rested, and felt more exactly the pofition of the child. The breast and neck presented, and the chin was to the right ilium. I then considered, that if I could bring in the face, and keep up the woman's strength, the pains might return, and force them down gradually, dilating the os internum at the same time.

For this purpose, I had her changed to the supine position; and introducing the singers of my left hand, with great difficulty got two of them above the chin into the mouth, and tried to pull it from the side into the middle of the pelvis; but the neck and breast were so engaged in the middle, and the head pressed back on the shoulders, that I could not possibly alter the position.

Being now certain that the child was dead,

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I introduced a crotchet, covered with the fleath, along the infide of my left hand, and fixed it when unsheathed in the under jaw. Finding, however, that it would tear down the iaw, and not bring in the face, I withdrew the instrument.

The funis all this time was a great interruption, by falling down and entangling my fingers. I again gave the woman fome respite. especially as she was now growing a little faint, and the flooding, which had abated, was returned.

After she was recruited, I tried again to dilate the os uteri, having found in other cases that it dilated eafily when the patients were faint and weak; but found the fame difficulty as before.

I once more endeavoured to introduce the crotchet at the other fide, to come at the houlder, in order to try if the pulling down of the parts would stretch the os uteri better than pushing up.

I was apprehensive of using any greater force by pushing up, lest I should tear the uterus from the vagina: but finding that I could not fix the crotchet to advantage, I again with-

drew it.

All this time the os uteri felt as if it was two inches thick. The woman being much exhausted, I had her laid in an easier position, and let her lie a confiderable time, both to recruit her spirits, and to see if the pains would teturn. In the mean time, I fent for Mr Burnet, who was first called; who being now difengaged, came immediately. He also endeavoured to introduce his hand: but finding it impossible, we all agreed to desilt, and to wait, as the slooding was abated: for although the had loft a good deal of blood, yet it had been very gradually dif-

charged.

Our intention was to support her with broths and nourishing things, and as she inclined to fleep, to indulge her with fome repose. Mean while we went to breakfast at a coffee-house, where we proposed to wait the issue of this uncommon case. I resolved, if happily the should recruit after some rest, and recover from the low faintish state in which we left her, to try again in a gentle manner to stretch the os uteri; and if that did not fueceed, to dilate it with the scissars, as in the 10th and 16th Cases of this Collection.

In about half an hour, one of the pupils being fent to fee how the patient rested, was met by the husband coming in a great hurry, to acquaint us that his wife was fallen into convulsions. Before we reached the house the had expired; a circumstance which surprised us not a little. I indeed was in hope when we left her, that she would have enjoyed some fleep, which might have recruited her strength; and then the os uteri would probably have yielded, as I had found in the like cases before. I had even in a few cases known the os uten tear, and the patient recover.

Rather than let the woman expire without any chance of being delivered, I had deter

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mined to dilate the os internum. This expedient, however, I think should never be at-

tempted, but in the last extremity.

I reflected after this sudden change, as the flooding was not violent, and the woman at first not so very weak, whether it would not have been better practice to have waited longer for the efforts of nature to open the parts.

This case ought to be a caution to all pracprisoners, to wait the efforts of nature, and not to use too great violence in stretching the os uteri, especially when the patient is not in ab-

solute danger.

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On the other hand, if these efforts had not been made till the woman was weak, I should have thought we were too long in assisting; especially as I never met with a case of this kind before, where I did not deliver the patient.

The membranes had broken the evening before; and the midwife, by an uncommon feel of the parts that presented, suspected that the

fætus presented wrong.

Mr Burnet, who had the care of the poor of the parish, when called, was not at home. She was in strong labour most of the night, but had not force to push down the child in that double position to open the os internum. When the first pupil arrived at six, the pains became weaker, and a small stooding had begun.

All these circumstances considered, seemed indicate the practice we followed preservable

rable to delay, especially as we did not expect that the patient would have been carried off in so sudden a manner.

CASE IX.

The Face prefenting: the Child brought Footling: the ABDOMEN swelled, opened with the Scissars: the Hips pulled from the Body; and this last delivered with the Crotchet. 1749.

This case happened to one of the poor women, whom all my pupils were allowed to attend. One of them delivered her of one child; and my midwife finding that there was a second presenting wrong, immediately sent for me. The membranes of the second had broken immediately after the first was delivered.

Finding the face presented, and having put the patient in a supine posture, I allowed all present to examine the position.

Then, as the waters were not all gone, I very easily turned the head up to the fundus,

and brought down the legs.

I observed, that the child had been dead many days, from the circumstances of the legs being livid, and most of the scarf-skin stripped off. A cloth being wrapped round the legs, I tried to pull down the bips; but could not bring them farther than the brim of the pelvis. I introduced my right hand betwixt the sacrum and thighs, and found that obstruction proceeded from the abdomen's being excessively swelled, and turned to the back-part of the uterus. I

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again pulled the legs with greater force; but began to be afraid they would separate from the body. I introduced the singers of my lest hand to the swelled abdomen, and along that the scissars with my right, and pushed them into the abdomen of the sætus, just above its pubes. Withdrawing the scissars, I introduced two singers into the opening, and pulling there with my singers, while I grasped the legs with my other hand, tried to bring down the body; but being obliged to increase the force, all of a sudden, and unexpectedly, the hips separated from the body at the loins.

Having now no hold to pull by, I introduced my left hand into the uterus, and along that the crotchet with my right: fixing this instrument on the ribs, I began to pull; but the hold gave way. I made several attempts in the same manner, fixing the crotchet higher and higher, and in different places; but as often the parts tore down, though the body did

not move.

I endeavoured to keep it firm with my left hand, while I fixed the crotchet with my right; yet the body was fo slippery, that it could not be held firm.

My being obliged to bring out my left hand, as often as the hold gave way, with the crotchet, to guard its hurting the patient or my hand, fatigued me so much, that I was obliged to rest two or three times. At last, tracing up with my hand farther than before, I again introduced the crotchet, and got a firm hold above the shoulder; then bringing my hand lower

the back. By these holds I brought down the body, and the head followed easily, as the

child was not large. I have believed and or bred

I have had some cases of the same kind since, in which the delivery was retarded by the tumesaction of the abdomen; but I pulled at the legs with more caution, for sear of the same accident, and brought down the body with the blunt hook or crotchet.

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The Face presented; the Woman exhausted by Floodlings; the Os UTERI snipped with the Scissars; and the Child brought Footling. 1744.

THE midwife informed me, that she was called about two in the morning, and found the woman in labour, with a small degree of flooding; but that it grew more violent as the

pains increased. A street brother street

She fignified to the friends that the patient was in great danger; and about eleven in the forenoon I was called: the membranes were broken, and the discharge diminished. In time of a pain I examined, and found the face of the child presented. The os uteri was open about the circumference of half a crown: it felt rigid, but very thin.

This was her first child, and labour had come on two months before her full time.

Her pulse was low and weak: she had fainted several times; but seemed to recruit a little, when told that more affistance

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was called, and begged earnestly to be re-

I ordered her to take every now and then a little red wine burnt; and waited to fee if the pains would return as the recovered strength.

I also prescribed an anodyne and astringent mixture of Tinet. Rosar. 3iv. Aq. Nucis Moschat. 3is. Laud. Liq. Gt. x. Syr. e Mecon. 38. two spoonfuls to be taken every half hour.

I was again called about two hours after, and informed, that although she lay quiet, yet she had enjoyed no sleep; and that the faint-

ings had returned. The hypothesis adden

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As the feemed to be in imminent danger, I tried, as she lay on her side, to stretch the os uteri, and my efforts feemed to bring on a weak pain; but finding this had no effect, I gradually dilated the os externum, till I could introduce my hand into the vagina, and then began to stretch the os internum with the fingers of my left hand contracted in a conical form; but although the os uteri was fo dilated as to receive my thumb and four fingers, and felt as thin as the edge of a piece of parchment doubled, I could not stretch it wider. even although I proceeded in a flow manner and at intervals. Finding the flooding return, and being afraid she would be lost if not soon delivered, I told her friends this was the only chance she had of being faved. I went to work again, and used greater force than before; but to as little purpose: I could do no-Vol. III, M thing

thing but cramp and weary the fingers of both hands.

While I rested, I began to restect that I had known some of my patients recover in cases where the uterus tore in stretching, and that fome of them had even recovered without any unfavourable fymptom following. As this therefore felt fo thin and rigid, I found no way could be taken but to make an incifion on the os uteri. For this purpose I infinuated two fingers of my left hand into it, and with my right introduced a pair of sciffars betwixt the fingers. With these I endeavoured to snip the part; but finding I could not manage fo as to cut through the edge, I pushed one of the points within three or four lines of the edge, and the other on the infide, and fnipped thro' that part which was at the left fide, but a little forwards, to prevent the laceration that happened afterwards from affecting the bladder, rectum, and large veffels at the fide of the uterus.

Withdrawing the scissars, I introduced my left hand, and found the fnipped part gradually give way, fo much as to admit my hand, though flowly, and with fome difficulty, into the uterus, where I eafily turned and delivered the child by the feet. The child, however,

was dead.

Although there was a pretty large difcharge, yet it gradually abated after the placenta was delivered. She continued in a weak faintly condition till the evening, when the fell into little flumbers; but was attacked every

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now and then with cold and hot fits. I had given her several times a little of the anodyne mixture; also some burnt wine and chickenbroth to support her, and recruit the exhausted sluids.

Next day, as the cold shivering returned once in three or four hours, I ordered some extract of the Cortex to be dissolved in red wine, and given betwixt the shiverings. The discharge was moderate; but nature being so much exhausted, she died the fourth day.

[Vide Case 8th and 16th of this Collection; also Case 28th of Collect. XXXI.; and likewise XXXIII. N° 2. Case 9.; and Case 8th of Collect. XL.]

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CASE XI.

The Head presented; the Child large, and brought Footling; but the Body almost separated from the Head before this last was delivered. 1733.

I was called in the evening to a woman near 40, in labour of her first child.

The midwife informed me, that she had attended the patient two days; that the pains had been strong since morning, and after the waters came off; but that the head lay high, and did not advance.

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I understood by other accounts, that the woman had been put too soon on labour, and was much fatigued. I felt both the os internum and externum largely open, by the midwife's having, as she said, worked hard to bring down the child, whose head lay above the brim of the pelvis,

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The woman being much fatigued with fruitless pains, that were much abated, I had her put to bed, to try if she could enjoy some rest; and desired her not to force down, but when the pains obliged her. As she was co-stive, her pulse full, and quicker than usual, and her skin hot and dry, she was immediately blooded, and procured plentiful passage with a glyster. She enjoyed several refreshing sleeps betwixt the pains till morning, when the pains grew stronger, but still had little effect in advancing the head

fect in advancing the head.

The pains again falling off, I was apprehenfive, that if I waited longer, the woman might foon be in danger; and not imagining that the child was so large, I thought it was better to try and deliver it by the feet. It required a great force to turn the child, fo as to bring down the legs, and even after that, to deliver the body and arms; fo that I was obliged to reft feveral times. I afterwards used all the caution imaginable to bring down the head, fo as to fave the infant; but at last was obliged to increase the force to deliver the woman, and pay less regard to the child. By these last violent efforts, both the under-jav and neck began to separate. I was obliged to defift, as I found that one of the joints of the neck was entirely separated, and that only a bout one half of the skin of it remained untore. I thought it would be easier to fix the crotchet on the head now than when separated from the body; for although the hold at the neck was flender, yet it kept the head fleady.

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I directed an affishant to hold up the body of the child, while I introduced my left hand along betwixt the right side of the vagina, as the woman lay supine. Then I introduced the crotchet, and delivered the head, though not without a good deal of force, and dissiculty in fixing the crotchet, which was the straight kind.

Even if I had at this time known the use of the forceps, they would have been of no service in this case; because the head was so large, and so little advanced in the pelvis. The fault was not in waiting longer; for I have had many cases since, where waiting patiently, the head has advanced, and been delivered with the pains, or with the forceps. The pelvis was not narrow.

CASE XII.

The Head presented; the PBLVIS distorted; the Child turned, and delivered by the Feet. 1746.

This woman was remarkably tall, and to outward appearance well formed for bearing children; but on inquiry after delivery, I found that she had been fickly and weak for the first four or five years of her infancy.

I was called to her, when she had been long in labour of her first child, and was obliged to diminish the head before I could deliver. I was called sooner when she was in labour of her second; and although the head presented, I tried to save this child, by bringing it foothing. The body passed with difficulty, from

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the projection of the last vertebra of the loins with the os facrum. After I had brought down the body, I endeavoured, before the arms came down, to move along the head, first by pressing down the head as she lay in the supine position; then I attempted to bring down the forehead by pushing upwards: finding, however, that the forehead rested against the distorted part, I tried with my fingers to press it to the fide; but the arms filling up the parts at the fides of the pelvis by the brim, I was obliged to bring down both arms, inorder to obtain more room. After having pushed the forehead to the right fide, which feemed to be the widest, I introduced my fingers into the mouth, and began as in the former case, to pull in a cautious manner; but finding it did not move downwards, I exerted more and more force, till I found the neck giving way, and it was impossible to fave the child. I was then obliged to introduce the curved crotchet, which was the first time that I had occasion to use it in such cases since altered from the straight; and found it particularly useful on this occasion; for instead of fixing on the fide of the head, it went up to the fagittal future, which it tore open, and making a large aperture, it had a firm hold on the bones of the forehead; by these means the cerebrum was fooner evacuated, the head collapsed, and was easily delivered.

I was called again in her third labour; and as the head presented, proceeded in the delivery with all the precaution mentioned in

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lingering or laborious cases, till she was almost exhausted; but after all, was at last ob-

liged to deliver as in her first labour.

The children were all large. In her fourth pregnancy, she was luckily taken in the seventh month in labour, in consequence of a looseness and super-purgation, occasioned by eating too much fruit. This child, though the head passed with difficulty, was delivered alive; and she has not been pregnant since.

[Vide Case penult. of Collect. XXXIV. also the former of this.]

C A S E I.

Sent for Mr H. in G-Street, 1749, to a young Woman in labour of her first Child; a narrow PEL-VIS; the Body delivered.

MR H. was called about two or three in the morning, and found a leg of the child presenting; but when he tried to bring down the body of the child, he found that it was large, and the pelvis narrow. He sent immediately for Mr W. in Bishopsgate-street, who brought down the body, but could not deliver the head; neither did they choose to use great force, for sear of separating the body. Besides, Mr H— did not choose to begin the practice so soon, being a stranger; and Mr W. was just come off a long journey, very much satigued.

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I being called, arrived about eight o'clock,

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and took two gentlemen along with me. Both Mr H— and Mr W— had attended me about eight y ars before. I was glad when I found there was no flooding, and that the woman was strong, and no way sunk or wore out with the labour.

I had her laid across the bed, her breech a little over the fide, and two of the gentlemen supported her legs; one of them also supported her body till I introduced my right

hand into the vagina.

I found the face lay backwards a little to the left fide of the Pelvis. I felt the lower vertebra of the loins, and upper part of the os facrum, jet in so much, that it was impossible to deliver the head without diminishing its bulk. As we were certain, from the umbilical cord, that the child was dead, it was in vain to fatigue the woman and ourselves, by attempting

to bring it away entire.

I pushed up the ends of my fingers, that were already in the vagina, past the os internum, but with difficulty, it being strongly contrasted round the lower part of the head; and by the largeness of the head, and narrowness of the pelvis, they were very much squeezed. I endeavoured to raise the head higher, to make more room, but could not, although I used a good deal of force. Then taking the handle of the crotchet in my left hand, I introduced it with the point next the child's head; but at first trial could not get it to pass my fingers: I withdrew them to make more room; but the os internum contracted again

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fo close to the head, that I could not get the end of the crotchet to pass. I again tried to force up the head with all my strength, and with great difficulty raised it a little higher; a circumstance which affording more room, the crotchet passed the os internum, but not without bruising my fingers; and the point slipped a little to one side: this I again turned to the head. As I withdrew my singers, the point slipped up easier, and I selt it slide along to the crown of the head.

I then brought down my right hand, and taking hold of the handle of the crotchet, used the same precautions as mentioned in Case 2. and delivered in the same manner, by fixing the point sirmly, and turning the curved part

of the crotchet over the forehead.

By pulling, the head was opened in the fame manner, and delivered, but not without a great deal of force: the external parts of the woman were much swelled, but she was not tore.

Mr H—called three or four times after, and told me the surface of the labia was grown-black and livid; but I heard afterwards, that by applying poultices and fomentations, the inflammation went off, and the woman recovered.

Mr H—informed me, that he believed Mr W. was not so much fatigued, as afraid of leaving the head behind in the uterus; a case of that kind having happened some time before, in which the patient was lost.

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CASE XIII. or Collect. XXX.

From the Medical Essays of Edinburgh, Vol. IV. Art. 33.

Coagulated Blood extravasated upon the UTERUS; thickness of the Womb in a laborious Birth; by Mr John Paisley, surgeon in Glasgow.

AUTHORS having differed very much as to the thickness or thinness of the uterus of a woman with child; fome, with Mauriceau and Dionis, afferting, that it turns always thinner as it extends; whilft others, I may fay almost all anatomists, affirm, that it turns thicker as the woman advances in her pregnancy, and draws nearer to the time of her labour : or, to fpeak more properly, that in the feveral stages, the thickness of the fides of the womb keeps the same proportion to its cavity as in a natural state, the finuses and vessels being proportionably enlarged as the uterus is extended. I fay, this having occasioned some disputes among anatomists, I thought proper to fend you the following history of a woman who died in child-labour, where I had an opportunity of examining the thickness of it, and at the same time of discovering a fatal mistake in the midwife who attended her; who, by delaying to call for affiftance in due time, was the unhappy occasion of the death both of mother and child.

Upon the 19th of June 1730, I was called

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to a woman in labour, about a middle age, of a low stature, and pretty fat, who had born feveral children, and found her in an exceeding low condition, with cold fweats, and fevere faintings, her extremities cold, without any pulse, and unable to utter one word, though the shewed some signs of being desirous to fpeak with me. The midwife that attended her had gone off upon my being fent for, and left a young practitioner whom the was training up in that business, who gave me the following account of the poor woman's case, viz. That she had been several days in labour : and that all along the midwife imagined affairs: were in a very good way, and the child, as she thought, in a very right posture, though after the waters broke, the child's head had never advanced by the strongest pains. Hence: the midwife either blamed the mother for not bearing down strong enough when the pains: came upon her, or elfe pretended that the pains were too faint and languid; and as there: was no flooding, the never apprehended any danger, and therefore cheered up the mother: and friends with the hopes of a good iffue by a little patience; and as she had a good deal: of other bufiness upon her hands, she frequently left the poor woman for half a day together; and upon her return still found alli things in the same situation she left them in.

From the first day the woman was taken with her pains the scarce made one drop of water; wherefore, on the fifth, the midwife suspecting that to be the cause of the birth's.

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264 CASES IN MIDWIFERY.

being retarded, fent to an apothecary's shop for a strong stimulating diuretic mixture, to increase her pains and provoke urine, being affured all things were right, only the pains were too faint, as no doubt they were, when the woman had been fo long fatigued with her labour. This having no effect, a stronger one was called for, which proved likewife unfuccessful; and all things continued in the same flate, only that the woman's strength was continually decaying, till the fixth day at midnight, when I was fent for, and found her in the fituation above-mentioned. It is evident, that when matters were brought to this pass, the poor woman had not fo much strength left her as to bear the fatigue of being put into a posture for being delivered, and that it was impossible to afford her relief. I acquainted the friends with it, affuring them that it would be madness to attempt it in these circumstances, being persuaded she could not live above a quarter of an hour; which accordingly happened, the dying in a few minutes. Next day I prevailed with the friends to have her opened; and after I had cut the teguments, and laid them back, I was furprifed to meet with a black membranous body, like coagulated blood (which it in reality was) covering all the forepart of the uterus, though distinded so much with the child: this I easily separated in one cake from the uterus; and when it was spread upon the table, it was about a foot and a quarter long, and a foot wide, and a quarter of an inch thick. Whether this

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kn lik proceeded from the loofing out of blood from the substance of the uterus, by the strong presfure when the pains were violent, or from the rupture of some small vessels, either of the uterus, or fome other part of the abdomen, I do not determine; for I could not observe the least appearance of any ruptured veffels in either, after the most accurate fearch I could make; nor was there one drop of blood in any other part of the cavity of the abdomen. I know not if this is a thing that is always obferved in fuch cases, having had no opportunity, before that time or fince, to examine any fuch subject; though no doubt it is a thing may readily happen in very laborious births; and then it is no wonder if violent after-pains. fever, inflammations, and their confequences, follow; for in such a bad habit of body as women in these circumstances are generally allowed to be in, it is scarce supposed that coagulated blood can easily be dissolved and again absorbed by the vessels, in so large a cavity as that of the abdomen; wherefore by its stagnation and putrefaction it may bring on a train of bad fymptoms; the cause of which lying entirely out of the physician's power to know, it need be no furprise though he fail in his attempt to remove them: and I do not know but this may be one of the chief causes of those many disorders and frequent deaths that happen after very violent and laborious births; though there are many other causes well enough known, which are capable of producing fuch like effects.

This phænomenon being what had never occurred to me either in reading or practice, I thought it would not be unuseful to acquaint the world therewith, to prompt those of greater abilities, or who have more leisure and more opportunities of meeting with proper objects, to inquire if such a case often happens; how far the causes hinted are just, or what other causes may probably be assigned for it; what sign it may be discovered by; what method of cure might be proper in such a case; and the like.

When I had removed this coagulated blood, I observed a large fac or bag full of water lying along the fides of the uterus, above the intestines, and reaching as high as the kidney of the right fide. Upon feeling it all round with my hands, I found it was loofe at its fuperior part, and appeared to come out from the pubes, where only it had an attachment. This, upon examination, proved to be the urinary bladder, thus diftended to a vast bigness, and thrust to one side by the pressure of the uterus on the forepart of the abdomen. I opened it, and measured the urine it contained, no less than eight English pints, or a Scotch quart. The uterus was pretty closely contracted on the child; and in opening it from the fundus to the cervix, I found it at least half an inch thick in the thinnest part, though a good dealmore at its fundus, where I observed the finufes fo large as eafily to admit the end of my little finger into them. The placenta ad-

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hered to the forepart of the fundus. The wathers having been broken to long before, I

could not expect to find the allantois.

The child had fallen down into the passage much in the natural way, only with its head a little obliquely to one side; so that part of the frontal and parietal bones of the right side rested upon the pubes and neck of the bladder; and by the violence of the pains, these bones had been pushed so strongly against the pubes, as to make a considerable indentation in them, and raised an inslammation for an inch or two round the contused part.

I believe I need scarce add, that if assistance had been called in time, the swelling of the bladder might have been prevented, by drawing off the urine with the catheter; and if the child's head could not be easily stirred, then the child might have been turned and brought away by the feet, as is usual in such cases.

Hence midwives ought to be advised to call for affistance in due time, especially in a case of this nature, where both the mother and child's life are in so great danger, though there be no slooding, since it is one of the most difficult cases that can well happen in midwisery; and thereby they may save two lives, and secure their own reputation. Hence also physicians and surgeons may take warning, not to trust too much to the report of midwives, who too often pretend all things are in a fair way, and that there wants only some medicine to promote the pains, which they suppose are too faint and languid, because the head does not

fall any lower; while it may be owing to the above cause, as well as others mentioned by practical writers, when the giving of such medicines may be of the worst consequence.

CASE XIV. and Supplement to CASE V.

A Woman thirty five years of age, in Broad St Giles's; the Arm of the Child presented, and pulled off; the Head delivered with the Crotchet.

THE membranes had been broken, and the waters were all gone, before I was called. The midwife told me the breech presented. Another gentleman had been called; but he being afraid it would turn out a difficult labour, left her; upon which I was sent for.

When I examined the woman, I at first imagined a leg and a hip presented; but on pulling the supposed leg, which was lying in the vagina, I found it an arm, and very much swelled. It appeared very plain to me, that the midwife had pulled very strongly at the arm, because it was swelled, and the ends of the bones at the shoulder and elbow were stretched to a considerable distance. She had, after her fruitless endeavours to extract the child, doubled up the arm into the vagina. When I told her it was the arm, she said she had felt the singers lying as she imagined with the leg. However, as it was my business to deliver the woman, I said no more.

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I laid her fupine across the bed; two wo

men supported her legs and thighs; her nates were raised, and brought a little over. I tried first to introduce my right hand betwixt the arm and the os facrum, but could not pass it into the uterus from the bulk of the arm, and the projection of the upper part of the os facrum with the lower vertebra of the loins: it was the left arm that was down; the left shoulder was pushed in at the brim; the foreparts of the child were towards the belly and left side of the woman.

Finding, after repeated trials, that I could not get up my hand, and that there was more room at the fides of the pelvis, I turned her to her left fide. I renewed my endeavours; but the bason being narrow, and the arm of the child so much swelled, I was obliged to defist, and to proceed with caution and by degrees, lest I should lose the strength of my arms, by working too much and too long at a time. I next tried to push up the arm into the uterus; but the contraction of this last was so great, that it was in vain to attempt that method.

As the woman had no flooding, and her pulse was strong, I rested a few minutes; during which I considered, as it was very probable that the child was dead, or would foon die, from the arm's being so much swelled and overstrained at the joints; as the meconium, according to the midwise, had for four or sive hours been coming down also; and as the pelvis was extremely narrow, it was ten to one that I could not deliver the head without the help of the crotchet. All these circumstances

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made me think it more advisable to separate the arm at the shoulder from the body.

To do this with greater ease, I pulled down the arm with a good deal of force, introduced my hand below it into the vagina, and my finger up to the shoulder; but my fingers were fo squeezed betwixt that and the projection of the forefaid bones, that I could not divide it with the sciffars; and in my attempts to push up my hand, I found that the fore-arm obstructed me most. I then separated this at the elbow. After having rested a minute or two, I again tried to push up the arm and shoulder; the arm I folded up, and the shoulder gave way a little: but by this time my own right arm was a little weakened, and the hand being cramped and a little bruifed on the back part, from the projection of the bones, I again turned her on her back, afterwards on her right fide, and tried with my left hand; but that was in a little time more disabled than the other.

Once more I turned her to her left fide, and rested about five or fix minutes. I now found that a flooding was begun, so that there was no time to be loft. I introduced my right hand into the vagina; but the bones backwards still hindered my hand. After turning her a little more towards her belly, I got again the arm folded up to the shoulder, and both raised so high, as to pass my hand up to the fundus uteri. The muscles of the thick part of my arm were so much pressed, that if I had not got one of the feet very readily, I must have withdrawn it again. Grasping the heel and A PARTY

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forepart of the foot between my fore and middle fingers, I brought it into the vagina. I then rested a little, and by degrees fixed a noofe upon it. I really thought, in the middle of this last effort, I must have given up this method, and have tried to introduce the crotchet, to fix it on the breast or ribs, and by that means tear down the body of the child into the vagina. The feet being brought down easily by the noofe, I introduced my right hand, and raised the shoulder and head so much, that by pulling the noofe with my other hand, on the outfide, I brought the breech down to the brim of the pelvis. After another intermission of a few minutes, I took hold of the leg, being the right, with my left hand, and introduced two fingers of my other to the outfide of the left groin; but, after feveral trials, could not get that hip to advance. I then introduced the crook of the handle of the blunt hook to the outfide of the groin. Feeling that the blunt point was past in between the thighs, I wrapped one cloth round the crotchet; and another round the right leg; and pulling both with a great force, brought down the body and shoulders without the os externum.

The weather was remarkably cold for the feason of the year; there was very little fire; and yet I sweated so much, that I was obliged to throw off my waistcoat and wig, and put on my night-gown, with a thin napkin on my head. I then endeavoured to deliver the head, by introducing the fore and middle singers with my right hand into the child's mouth, which

which was to the backpart and left fide of the pelvis, but could not move it. I now brought down both the arms of the child, and introduced my right band into the vagina, and the points of my fingers passed the os internum. along the face of the child. In the mean time, I caused one of the women to hold up the body of the child, to give me more room to work, I introduced a curved crotchet, which had a thick wooden handle, with my left, the point to the child's face, and up along to the crown of the head. It fixed upon the head; but finding the point a little on one fide, I moved it into the middle, by turning the point, and keeping the handle back to the perinaum and the upper end, in an imaginary line, to the middle space betwixt the navel and the scrobiculus cordis of the woman. When this was done, I brought down my right hand, and with it took hold of the crotchet: I laid the body of the child on my right arm; I placed two fingers of my left hand on each fide of the child's neck and over the shoulders, and began to pull with both hands, flowly at first, till I found that the point of the crotchet had a firm hold in the head. I increased the force of pulling the crotchet, and found that it came down about two or three inches without mo-Apprehensive that the point ving the head. had not entered the skull, but only tore down the hairy scalp, I raised it up to the formet place, and renewed my effort. It came down as before, but held fast above the forehead; I then rested, and afterwards began to pull both the

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the crotchet and body of the child with great. er force. I found some of the cerebrum coming out, and the head moving a little lower, continued to rest and pull by turns, until the head leffened, and was fqueezed by degrees into a smaller bulk. After it had passed thro' the narrow part of the brim, it was delivered with great eafe. The placenta being already loofened from the uterus, was immediately forced into the vagina. I took hold of the umbilical cord with one hand, and the edge of the placenta with the fingers of the other; by which means it was foon extracted. The uterus foon contracted into a fmall bulk. I examined with my fingers the perinæum, and found that it was not in the least cracked or tore. The woman bore all these endeavours with great courage; her pulse continued good and strong; the discharge of blood was not great, and did rather fervice, for the parts were lubricated and relaxed by it.

When I examined the child, I found the curvature of the crotchet had allowed the point to go over the forehead, too near the turn of the hair at the crown, and it had tore open all along the fagittal future through the fontanelle, and fixed on the thick part of the skull at the forehead, which a straight crotchet could not so easily have done. The opening was about three inches long, and about a third or fourth . part of the brain was evacuated. I ordered the woman to be kept quiet, and to drink frequently of warm caudle. I called two days after, and found her pulse strong, quick, and

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hard, with pains in her back, belly, and head, and a difficulty in breathing; fhe had got but little rest, and had sweated none: she told me that neither she, nor any of her fisters, could fweat or bear fweating: the discharges had gone on very well, but were abated more than usual that day. I advised that she should immediately lose twelve ounces of blood from her arm, and drink plentifully of barley-water, or water-gruel. The nurse had given her very little drink. She was foon relieved, and reco. vered much better than I expected. She was a little woman; and as I could judge by the difficulty of my hand paffing, it was not above three inches and a half, or three quarters, from the upper part of the os facrum to the pubes. If I had not rested a great many times, and proceeded with caution and deliberation, I should have failed in turning the child; and if I had pulled with too great violence at the body, I should have separated it from the head, which it was very difficult to open and extract in fo narrow a pelvis.

C A S E XV. and a Supplement to CASE V.

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The Arm presented, the Shoulder mistaken for the Head; the Arm pulled off. In a letter from Mr Mudge, Plymouth, dated 1749.

He was fent for about eight in the morning to a woman who had been in labour all night, and the membranes were broken about eight hours.

hours. Her pulse was tolerably strong, tho' very quick, and her countenance very florid; circumstances owing to her drinking plenti-

fully of spirituous liquors.

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On examining, he found most part of the left arm hanging out of the paffage, together with the cord, which was cold, flabby, and without the least pulsation. The head [as he imagined] was funk down confiderably, infomuch that he thought nature might be fufficient to push it forwards. He therefore left her, and prescribed some medicines to amuse. He called about eleven, and found no alteration, except that the pulse was so much funk that he determined to deliver. Having introduced his hand, and moved it round what he thought the head, which felt loofe, and exactly filled up the pelvis, he fixed the forceps with as much advantage and ease as he had done in former cases; but the instrument slipping two or three times, he defifted, and tried to turn and bring the child by the feet. However, the passage being filled up, he was obliged to twift, and pull off the arm from the shoulder.

He then, with great difficulty, pushed his hand into the uterus, and found that it was the upper and backpart of the shoulder, as far as the spine, which had been pushed down, exactly moulded to the shape of the pelvis. This he all along had taken for the head, which was now found lying above the right side of the pubes, the feet being at the very fundus uteri.

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With great difficulty he brought down the right leg; and by pulling at it, and pushing up the shoulder at the same time, he soon extracted the child.

The labour rested about twelve minutes, and

the child was quite rotten.

The remainder of the case carried to Collection XLIII. No 1. Case 2.

C A S E XVI. and Supplement to C A S E X.

A Case of Flooding; the Os UTERI snipped and tore; the Arm presented. 1746.

The woman was in labour of her first child, eight months gone, and the child's arm presented. She was attacked with a slooding; and had been in labour several hours. The membranes were broken, the hæmorrhage was a little abated; and the arm pushed down into the vagina. The os internum was open about one inch and a half, or the circumference of a half crown, and felt no thicker at the edge than a piece of thick parchment.

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Having caused her to be laid in a supine pofition, I by degrees introduced my hand into the vagina; and afterwards my singers into the os internum. This I endeavoured gently to stretch, by pushing up my singers in form of a cone; but to my surprise, found it so rigid,

that it would not dilate in the leaft.

I then used greater force, and repeated it

feveral times, by using one hand till it was fatigued and cramped, and then the other; but

all to no purpose.

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Having failed in all these attempts, and recollecting from the former experience of a few cases, that by such force the os internum had heen tore, and the woman recovered even when the os internum was much thicker, I thought it adviseable to introduce the sciffars. and snip the edge of it. This operation being performed, it gave way so as to allow my hand to pass into the uterus. I then turned the child, and delivered it by the feet, which were much mortified, the child having been dead at least a fortnight. The woman feemed in a way of recovery; but complained of pain and foreness. About the fourth day she was taken with violent pains in the head and a quick pulse; but bleeding in the arm relieved her: on the fifth day after venefection, the was feized on a fudden with a violent loofeness, which weakened her much; but it was restrained by anodyne and cordial medicines: the fever recurred, and she was again blooded on the fixth: but the looseness returned on the feventh; which funk her fo that she immediately expired.

This was the second time that I had snipped the os internum when I could not stretch it, supposing that as it was so thin the dilation could have no bad effect. Although I did not succeed in Collect. xxxv. Case 10. I attributed the death of the patient in that case to her great weakness, from her being exhausted be-

Vol. III. N fore

fore delivery by the hæmorrhage; but I hoped. as this woman was stronger, the same method would have fucceeded; especially as the child must in this case be brought footling. I say, I had found it tear confiderably, and the wo. man recover; but I afterwards reflected, that as the patient had not flooded much, I ought to have waited longer to allow the pains to push down the shoulders, and dilate the parts more. No doubt the violent force used first to dilate, and then the further dilatation when I introduced my hand, might bring on the inflammation, pain, and fever, which ended in a loofeness.

It is amongst the most difficult things in midwifery to know in floodings, especially if the child prefents wrong, when there are labour-pains, how long to delay the delivery: because if we deliver soon, and the woman dies, we are ready to reflect that it would have been safer to leave it to the labour to stretch the parts; and when we delay too long, and the woman is too much weakened with the flooding, we are apt to think it would have been fafer to have delivered fooner.

We find in cases where the child presents fair, that the flooding commonly diminishes, or stops, on the breaking of the membranes in labour, and then the head is forced down, and the woman is for the most part safely diliver ed; but here the wrong position prevents the delivery; and although the violence of the flooding is abated on the waters coming of yet as there is a draining, this being long con

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tinued finks the patient. This fatal case is inserted as another caution to young practitioners. Vide case 8th of this Collection. Vide also Gollect. xxxi. Case 28. and Collect. xl. Case 8. Likewise Collect. xxxiii. No 2. Case 9.

CASE XVII. and a Supplement to

A Case, in which after the Child was brought Footling, the Head was delivered with the Crotchet. In a letter from Mr Mudge, Plymouth, 1746.

He was called to a very little woman much deformed. She had been in labour two days: the waters had been discharged seven hours; her pulse was extremely low, and sunk, occa-shoned by a pretty large flooding.

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He found the right arm in the vagina, together with the cord; the pulsation of which assured him of the child's being alive. He, after great fatigue, brought down the legs and body. Then he tried to deliver the head, at first with great cautiou, to save the child; but the pelvis being so very narrow, that the head was as immoveable as a rock, he increased the force, and underwent a greater satigue than he could describe.

He endeavoured to introduce the crotchet, and fix it on the upper part of the head; but his strength being so much exhausted, and the pelvis so narrow, he could not raise it high enough; but fixed it on the under jaw, and smished the delivery by means of his utmost force. The labour lasted about twenty-five

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minutes. The mother was perfectly well in a week.

CASE XVIII. and a Supplement to CASE IX.

Turning a Child, in Berwick Street; the Face prefented: but after turning, obliged to deliver the Head with the Crotchet. 1749.

THE woman had been in labour feveral hours before the membranes broke. Mrs Moore, now Simpson, whom I had taught, and kept on purpose to attend all the labours with the pupils in the teaching way, was first called. She had affembled about ten of the gentlemen. Before the membranes broke, they

could fcarce feel any part of the child.

Being called, I examined, and could feel fome part of the child refting above the os pubis; but could not distinguish it to be the head. When the membranes broke it came a little lower; but as it felt unequal, and not like the round and hard touch of the head, and still kept high, although she had strong pains, I thought it was more adviseable not to wait any longer, especially as the woman herself told me, that in her former labour, which was her first, a gentleman was called, and was obliged to bring the child away piece-meal.

I then had her brought to the foot of the bed, as there was more room than at the fides: two of the pupils supported her legs. I kneeled, and at every pain introduced my right hand in form of a cone, by little and little, into

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the vagina. I then found it was the face and neck, with the chin to the left fide of the pelvis: I also perceived the bones projecting inwards, where the lower vertebra of the loins join the os facrum, and forming an acute angle, which was the occasion of the head's not coming down lower; but although I found the pelvis narrow, yet the head felt but fmall; and as it was too high for the forceps, there was a probability of faving the child by turning it, and bringing it footling. The face filled the upper part of the pelvis fo exactly, that some of the waters were still kept up in the uterus; fo that when I pushed up the head, it was with great eafe raifed to the fundus uteri. By pushing it up quickly, the thick part of my arm filled the os externum and vagina; fo that the remaining waters were kept up, till I got the child turned with the breech and legs to the lower part. These I easily delivered, and expected also to have fafely extracted the head, altho' the pelvis was narrow. I brought the chin a little to the left fide, introduced two of the fingers of my right hand into the mouth of the child, and with my left held the body. Ibegan at first to pull with a small force; but as the head did not advance, was obliged to increase it more and more; though to no purpose. I rested and pulled again with all my strength, till the fingers of my right hand began to fail; then I changed hands, but without effect. I rested and changed hands again, and continued to pull till I found the neck and jaw begin to give way. As it was now to no pur-N 2 pole pose to try any longer, because the child could not be brought alive, I extracted it with the crotchet in the same manner as described in the two last cases. The fore and middle singers of my right hand were so overstrained by the great force of pulling in the mouth, that they swelled at the joints next to the back of my hand for several days, so that I could scarcely move them. Next day, the joints at my elbows and shoulders were swelled also. The woman recovered.

CASE XIX. and a Supplement to CASE XI. and Collect. xxxiii. No 1. Cafe 4.

A Gase of delivering a Child with the Crotchet, from its being much swelled and mortisted after dying in the UTERUS; 12 August, 1749, in Newtoner'slane.

THE woman had been beaten and kicked on the private parts three weeks before, so as to occasion a large swelling on the labia pudendi. She had not selt the child stir for 14 or 16 days. Some of the gentlemen that attended me, had been called two or three times some days before the delivery; but sound it was not right labour. She was blooded and a poultice applied to the swelling, which relieved her, so that it was quite gone before she sell in labour. She was weak and low, having eaten or drank little since the time she had received the bruises on her body, which had rendered her incapable of begging about the streets as formerly.

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When I examined, I found the os internum pretty

pretty much dilated, the membranes felt very thick. She had been feveral hours in labour: but as the was weak, the pains did not force them down into the vagina. She was very big. I felt with difficulty the child's head, which lay above and over the os pubis, and below

that a great quantity of waters.

I waited from ten or eleven till feven in the evening; but there was not the least alteration in the parts. As the woman was weak, and I suspected that the child was dead, from the head's being kept up so high, occasioned by the belly's being much fwelled and expanded, and exhausted with air, which made it specifically lighter than the waters, I resolved to try to deliver her, especially as she had formerly two children, and according to her account the labours were not lingering; but fufpecting there might be difficulty, I waited till all the gentlemen that attended me were convened. I had the woman laid fupine across the bed, her legs supported by the two eldest pupils. At first I defigned to have broken the membranes, that the head might be forced down when the waters were evacuated, and the uterus contracted; but finding the membranes high up, and rigid, and that the os externum dilated with a fmall force, I altered my defign, and introducing my right hand into the vagina, passed it up through the os internum into the uterus.

Having broken the membranes, I passed my hand within them, and found the child floating in a large quantity of waters, which were

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kept up by my arm locking up the os exter. num. I then felt, and told the gentlemen that the belly of the fœtus was largely fwelled, and that I was then turning up the head to the fundus, and bringing down the breech and legs to the lower part of the uterus, at the fame time placing the face and fore parts of the child towards the back of the mother. When I brought down the feet of the child, the waters contained in the uterus issued out with great force along my arm, to the quantity of three or four quarts. I then brought the legs without the os externum, and the fcarf-fkin ftripped all off. After wrapping a cloth round them, I endeavoured to bring along the thighs and breech; but could not move them farther. I pulled with greater force, but found the legs were like to separate from the thighs. I then introduced the fingers of my left hand along the back part of the pelvis, and found the bigness of the belly was the principal obstacle. With my right I introduced the sciffars, and pierced it with the points, on which a good deal of rarefied air and waters were discharged. After dilating the points to enlarge the opening, I brought them down, and introduced the fingers of my left hand into the aperture; with these I got a firm hold over the os pubis of the fœtus, and within the abdomen. By pulling at this, and with my right hand at the legs, the breech was brought without the os externum; but then I found it was separating at the vertebra of the loins from the body of the child. I then rested a minute or two, and

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and introduced the fingers of my left hand up to the breaft of the child. With my right I passed up the point of the crotchet, and fixing it there, tore open the breaft and ribs; but in pulling at the crotchet with my right, and at the breech with my left, the last was pulled from the upper part of the body. I found on tearing open the breaft, that a large quantity of water and blood were evacuated. The hold of the crotchet giving way, I tried to fix it higher; but every part tore fo eafy, that I could not bring down the body. I then was obliged to take out the crotchet and rest a little, for my hands and arms began to be tramped and enervated. After recovering a little from the fatigue, I introduced my right hand into the uterus, and tracing up to the houlders, brought down one of the arms.

l attempted to fix a noofe over the wrift, but it was fo slippery, and the body fo high, that I could not get within the os externum. lagain introduced my hand, and was for a little while at a loss how to proceed to deliver the body and head to the best advantage; because every part tore fo foon where I fixed the crotchet. Without bringing down the body, tried to push it up and bring in the head: but this last was fo large and slippery, that I could not turn it down fo as to get the hind or

upper part to present.

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Being again fatigued by these fruitless endeavours, I was obliged to intermit. I then resolved to fix the crotchet; for which end I introduced my left hand up to the shoulders,

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and with my right got the point fixed fo firm above one of them and the clavicle, that it did not give way, but brought it down into the pelvis, and without the os externum. I pulled flowly and with caution. left a feparation should happen at the neck, and then it would have been more difficult to deliver the

head .- The state of the state

After I had got the shoulders without the os externum, I again refted that my strength should not be too much exhausted. I introduced two of the fingers of my right hand into the child's mouth, which was a little to the left fide of the os facrum, and above the brim of the pelvis, and with my left hand I pulled at the shoulders, which were wrapped in a cloth. Finding the head did not move, and that both the under jaw and neck were giving way, I again defifted. I now introduced the fingers of my right hand up to the face and forehead, and with my left passed the crotchet up betwixt them, till I could find the point above the crown of the head. Having brought down my right, I then took hold of the handle of the crotchet with it, and the shoulders with my left. I tried several times if the crotchet had a firm hold, and gradually increased the force of pulling; by which means I brought the head down into the pelvis, and luckily delivered it: the crotchet had fixed near to the crown of the head, and had tore open the fkull, from that part through the fontanelle to the bones of the forehead. At this large opening, the brain was squeezed out, the head collapfed,

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lapsed, and came down with greater ease. I was afterwards obliged, with a good deal of trouble, to separate the placenta, which adhered firmly to the fore-part of the uterus: but could not effect the separation till I turned her on her left fide. One thing was remarkable, and affilted me much, at least it prevented a greater fatigue. Every time I introduced my hand into the uterus, I found it still kept from contracting on the child, by some waters that remained; for although a vast quantity came off at first; yet when I brought down my hand, the parts of the child pressed so close down, that there was still some detained. My greatest fatigue was occasioned by my being obliged fo often to pull down and push up my hands, as well as by the flipping of the body and crotchet: If I had taken the first method I defigned to follow, the difficulty, I believe, would have been much the same; for as the woman was weak, the pains would not have forced the head into the pelvis, even after the membranes were broken, and the bulk of the waters evacuated. Besides, as the head was large, and the hairy fcalp fwelled, the forceps could not have brought it down. The only advantage would have been after the head was opened, and extracted with the crotchet, that the shoulders could have been easier tore down with the instrument, than the belly, opened. in the fame manner; after which there would have been no danger, as in the other way, of leaving the head behind. Vide Col. xxxiia. Nº 1. Case 4.

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CASE XX. and Supplement to CASE XII.

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A Cafe of Flooding before Delivery; of turning the Child, bringing it by the Feet, and the Head obstructed by an Hydrocephalus. 25th October 1747.

A woman near her full time, of her fecond child, was taken with a discharge of blood from the uterus, which continued to drain for eight or ten days. She was by misfortunes reduced to low circumstances, and had suckled her first child till within three weeks of this labour. It then died; and her grief, joined to the shock of a sudden surprise soon after, was perhaps the occasion of bringing on the flood-

ing.

When called to her, I found her pulse low and weak, though not frequent. She had no labour-pains; but had been attacked with frequent vomitings, which had helped to dilate the os uteri. On examining, I found the head of the child prefenting with the membranes and waters; the os uteri foft and pretty much dilated. As the had loft a great quantity of blood, and there was no prospect of right labour-pains, I though it fafer for the woman and child, to deliver directly by turning, and bringing by the feet, especially after she had told me, that she had been delivered eafily of the first child. I had little difficulty of introducing my hand into the uterus, and as the membranes had not been broken, Ieafily

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fily pushed up the head, and brought along the legs and body. After I had turned the belly of the child to the mother's back, and a quarter more, I then brought down the legs. body, shoulders, and arms. I now introduced a finger into the mouth, and expected, as fhe had an easy labour before, to have delivered the head with little difficulty; having tried every fafe method, first to bring the forehead into the hollow of the os facrum, by pulling the body both upwards and downwards, likewife from fide to fide; then endeavoured to move the face first to one fide, then to the other : all my efforts proved ineffectual. I exerted greater force, and continued to increase it till I found the neck and mouth begin to give way; I then declared that I could not possibly fave the child. I introduced my left hand along the fide of the child's head, until my fingers passed the os uteri; along which lintroduced a curved crotchet with its point bearing close along the head to the upper part, and moved it backwards to bring the convex part over the forehead. This being done, I fixed the point into the upper part above the forehead; then pulled flowly to find if it had a sufficient hold. When I was certain of this. I pulled with greater force, and found the bones of the fkull collapsing, and a quantity of waters come along: the forehead came eafily down into the hollow of the os facrum. and was delivered immediately without tearing the parts of the woman. The uterus contracted fo strongly, that the placenta, with very

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eafily very little pulling at the funis, was pushed down into the vagina, and easily delivered. The slooding ceased immediately, and the woman bore the operation better than I ex-

pected.

The child's head was about a third larger than common; and it was remarkable, that the fontanelle and futures were no otherwise than in a found head, the first no larger, and all the bones were close to one another: in general, when the head is dropfical, the bones are stretched from one another more or less, according to the quantity contained. Dr Brifban examined the head next day, and poured through a funnel no lefs than a quart or three pints of water at the opening, which had been made with the crotchet into the head; the whole cerebrum and cerebellum were found. The point of the crotchet was fixed at the fide of the fontanelle, which it had perforated. This aperture allowed the waters to discharge, the head to leffen, and come along. The woman feemed to be in a good way for feveral days; during which the doctor attended her, and prescribed some medicines to help her to rest and sweat; but she being mismanaged and neglected by her nurse, was thrown into a fever, and died about the 18th or 20th day. AS SHOW IN THE WAY TO THE WAY A STATE OF THE OWNER.

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CASE XXI. and a Supplement to C A S E XII.

The Head presented prematurely; the Child brought Footling, and delivered with the Crotchet, in a letter from Mr A ____ dated B ____. 1750.

He was called to a woman, who had been in a lingering labour three or four days. 'Although she had now and then fainting fits, yet her pulse was regular and strong: the head presented fair, but very high; which made him resolve to turn the child, and bring it by the feet: this required great force; and after the body and arms were delivered, he was obliged at last to exert great force in extracting the head with the crotchet. He fays, he abundantly repented the attempting to turn and deliver footling, and wished he had waited longer, as the woman did not feem to be in fuch danger as to require an immediate delivery. He reflected, that by waiting, perhaps he might have succeeded with the forceps; and if they hal failed, and the woman been in danger, it would have been fafer for her, especially as the child was large, and the pelvis narrow, to have diminished the bulk of the head, rather than run the risk of her life, by so great force being used; for although she did recover, it was with great difficulty, and what he did not expect. CASE

The caption of different formation

CASE XXII.

A Case of much the same kind; the Child delivered in the same manner as the foregoing. In a letter from the above Gentleman, in 1752.

THE woman had been in labour all the day before, and the waters had come off feveral hours before he was called. The head refted over the os pubis; and the pains were almost entirely gone off. Having laid her on her fide, and raifed her hip higher than her shoulders, he eafily introduced his hand into the uterus, and brought down the legs and body of the child; but after many repeated trials, and exerting great force, he could not deliver the head. Thus foiled, he was obliged to introduce the crotchet, which he fixed on the left parietal bone, near the fagittal future; and at last, not without some difficulty, delivered the head. The child was very large; and the pelvis narrow, from the projection of the upper part of the facrum, and the make of the bones at the symphysis of the os pubis. The placenta adhered to the fore-part of the uterus. The woman recovered very well.

He writes, that perhaps I would cenfure him for conducting the operation after this manner, when he knew what fort of pelvis he had to deal with; as he could not tell but that the head was not only large, but also too much offished, to yield to the passage. He was in hopes, by the cautions which he used, to deli-

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ver without the application of the crotchet, especially as he found he could turn the child with so great ease.

Vide Collect. XXXIV. Nº 2. Cafe 17.

CASE XXIII.

Athird Case from the same Gentleman of the like nature: the Child delivered also with the Crotchet, in 1753.

He writes me, he was sent for to a woman about midnight. The midwise acquainted him, that after the waters broke, though the pains were strong and forcing, the head did not advance, but rested on the os pubis; that she often endeavoured to disengage it, but to no purpose; she therefore tried to turn it, but failed in the attempt, and had brought down a hand, which, with the head, was simily locked in the passage. Upon examination, he found the child situated as above, and the pelvis very narrow, from the jetting in of the last lumbal vertebra and the upper part of the facrum.

Having properly placed her, he endeavoured to raise the head; but could not make it yield in the least: then he attempted to slip his hand on one side; for though it was closely jammed between the os pubis and sacrum, there was room on each side of the pelvis; but neither could he succeed in this endeavour. He now caused the patient to be turned on her knees and elbows; and with much difficulty introduced his hand; but was seve-

ral times obliged to withdraw it for eafe, the great preffure cramping him fo as to render him incapable of reaching the feet. In this fituation he hardly knew how to act. The head was not only very high up, but did not prefent fair enough for the crotchet; and the contraction was so strong, he almost despaired of bringing down the feet. However, as he thought this the most probable way of relieving the patient, he once more attempted it: and after much difficulty, fo far succeeded as to bring down one foot, and fix the noofe on it. He then brought down the other, and joining them together, extracted as far as to the cheft, and reached the left arm; the right being engaged with the head gave him some trouble, and he fnapped the humerus in extracting it: but this gave him less concern, as there was no pulsation in the funis. The arms being down, a principal difficulty (the head) still remained. He introduced a finger into the mouth, and had very near diflocated the neck; it was fo fast locked, that he could gain no ground. He therefore infinuated a crotchet, by which he delivered it in a fhort time.

He left the poor woman without any hopes of her recovery, She indeed recruited a little about fix or eight hours after; but died that day or the following.

The two first cases from Mr A. were both badly conducted, and inserted as a caution to

others to wait with more patience.

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C A S E XXIV

Apreternatural Case: the Child delivered with the assistance of the Crotchet; from Mr CHABLES CHORLY of Sankey, Lancashire. May 13th 1753.

I was fent for to Ashton near Wigan by a furgeon, to Ann Marsh, called the little dwarf, about one yard nine inches in height, aged 39 years. The midwife told me, she had been four. days in labour of her first child; that the leg had been without the birth 12 hours, and the patient had now no pains. I found the heel towards the pubes, and the scrotum hanging out much fwelled.

After using a great deal of force, I raifed the body of the child, which gave me more room to introduce my finger betwixt the thigh that was still up and the body. I at last, by taking time and using all my frength, got the body delivered as far as the houlders.

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Perceiving the cartilages of the sternum driven inwards by the jetting forward of the vertebræ of the mother's loins, I brought down the arm. I made an incision with the sciffars at the back part of the child's neck, to introduce the curved crotchet within the foramen magnum; but to no purpose: after this, I made another opening on the right fide of the neck, separating the skin with my finger, higher up than the ear, which form-

296 CASES IN MIDWIFERY.

ed a fafe canula to receive the point of the crotchet, and defend the mother from being injured.

Introducing the crotchet, I tore open the skull, and as the head lessened, I delivered the same: the woman recovered very well.

COLLECTION XXXVI.

[Vide Vol. I. Book III. Ch. IV. Sect. 5. No 2.]

Cases in which the Head was left either in the VAGINA or UTERUS, and where the Body was delivered and separated from the same.

[Vide Anatomical Figures, Tab. 36.]

CASE I.

The Body pulled from the Head, and left in the Vi-GINA. 1724. WISTON.

A MIDWIFE, who never had any education, and who had formerly vaunted, that she always did her own work, and would never call in man to her affistance, was called to a case, in which the child presented wrong. After she had, with great difficulty, brought down the body, she could not deliver the head, from the woman's being of a small size, an mai hai mi vai and wo

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agina over and the child large. During the time of her making these trials, the husband sent in great hafte for me. In the mean time, when the midwife found that her endeavours were in vain, the refted, to recover from her fatigue. and told those who were present, that she would not wait for the affiftance of the woman's pains. One of the fervants feeing me at a distance, went in a hurry, and told her I was come. She not knowing that I was called, fell to work immediately, and pulled at the child with great force and violence. Finding, as the imagined, the child coming along, the called out, that now she had got the better of him. The neck at that instant separating, the body was pulled from the head, and she fell down on the floor. As she attempted to rife. one of the affiftants told her that it wanted the head; a circumstance that shocked her so much (being a woman of a violent disposition) that he was immediately feized with faintings and convulsions, and obliged to be put to bed in another room. I just then arrived, and was furprised to find the house in such confufion.

After being informed of what had happened, I found that the woman's pulse was
pretty good, and that there had been no discharge of blood from the uterus, but what
came now was only from the child's head;
which, to my great joy, I found lying in the
magina and pelvis. I let her lie a little, to recover of the former fatigue; then examining
more

more particularly, I found part of the skin of the neck without the os externum. After I had put her in a fupine position, I introduced the fingers of my left hand, and found the mouth at the right fide and lower part of the facrum. Introducing two of my fingers into it. I tried with that hold to bring along the head: but finding that this would not be fuf. ficient, and being afraid that the under-jaw would separate if I used greater force, I pushed up my fingers farther, and along the face, and with my right hand introduced the crotchet to the upper part of the forehead, Here I fixed it; and again taking the former hold in the mouth with my fingers, by pulling with them and the crotchet, I delivered the head much easier than I expected. After having extracted the placenta, and put the woman into an easier position in bed, I went and recovered the midwife, by giving her fome volatile spirits in water. The child appeared to have been dead feveral days; and I was perfuaded, that if the neck had not given way but had stood another pull, the head had been delivered.

This accident was lucky for me, and ren dered the midwife more tractable for the fu the good, and that there lad ture.

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CASE II.

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The Head left in the UTERUS, from the Body's being much mortified, and the Forehead to the Pubes. Carlouk, 1727.

THE breech of the child presented, with the. thighs to the pubes, and the body was forced down with the labour-pains; but the midwife not knowing how to turn the fore-parts of the child to the back-parts of the uterus, brought it along as it presented. The child being pretty large, the used a good deal of force to deliver the head, which not being fufficient, he fixed a cloth over the shoulders, and got one of the bye-standers to assist her, by pulling with greater force; by which the body was separated from the head. In consequence of this accident, I was immediately called. I found the greatest part of the head still above the pelvis. The midwife told me, the was in hopes that the woman's pains would have delivered it before I came; but that now they had quite left her, and that a flooding was begun. The woman's pulse was a little funk. I examined the body, and found that the child had been dead at least ten or twelve days; the karf skin was livid, and some of it stripped off; and the woman had not felt it move or stir duing that time. After encouraging her, and giving her some warm wine and water, and puting her in a fupine position, I introduced my ight hand into the vagina, and raised the head above the brim of the pelvis; then turned it, and

and brought in the upper part of it to present with the face backwards, and a little to the left fide. This being effected, I ordered an affiftant to press on the belly with both hands to keep down the uterus and head in that pofition; then opening the head with the sciffars, I went up along the forehead and face, introduced the blunt hook with my other hand. and fixed the point in the mouth, which was now turned towards the fundus. I now withdrew my right hand, took hold of the handle of the blunt crotchet or hook, and introduced the fingers of my left hand into the opening. With these two holds I gradually brought down the head, and delivered it flowly, tho' with fome difficulty. The placenta, which was partly separated, followed soon after. The head, in this operation, flipped several times before I got it right turned, to present with the upper part. I also had some difficulty in keeping the head steady, so as to perforate the fame with the feiffars; by which both my hands were pretty much cramped and wearied.

C A S E III.

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A Case of the same kind as the former, but more difficult, from the parts being much swelled, and the PELVIS a little distorted. 1729.

The head was separated much in the same manner as in the foregoing case, but the sace was to the right side. The head was kept high up, from the pelvis being narrow, and the the body was easier separated, from being much mortified. I was not fent for to this woman till about 24 hours after the separation, the midwife affuring them that the pains would be sufficient to deliver the head; but the woman growing weaker, and there being a small discharge of blood, which now began to increase, I was fent for.

As the external parts were pretty much fwelled, I with difficulty introduced my hand into the vagina, and pushing up the head, turned down the upper part, as in the former case: but the task was rendered much harder, from the narrowness of the pelvis, and the placenta's lying loofe at the back-part of the uterus; this I was obliged to bring down before I could place the head in the right position. After I had opened the head, I could not fix the blunt hook, as in the former cafe; but got a pretty firm hold at the fore-part of the ear; and luckily the head not being very large, I brought it gradually lower, as the cerebrum evacuated, and at last delivered it. The point of the crotchet flipped twice in pulling; but the third time I got a good hold in the outward corner of the left orbit of the cyc. allegants right Talabit T ay anadhen norte wa

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CASE

C A S E IV.

The Body separated from the Head by incision; the Woman turned of 40: the PELVIS narrow. 1752.

THE arm of the feetus prefented. The midwife fent for a gentleman in the neighbourhood, who practifed midwifery. He was fo fatigued by the time that he got the child turned, and the body delivered, that he was not able to extract the head. In this fituation he called Mr Steed of Guy's hospital, who tried feveral times to deliver the head in the manner described in Collect. XXXI. He afterwards endeavoured to introduce the curved crotchet, and to fix it on the upper part of the child's head, but was prevented by the narrowness of the pelvis, which cramped and fatigued his hand fo, that he was not able to fix it. After the other gentleman and he had tried this last method several times, and found the head lie fo very high, that the shoulders prevented their going up fufficiently with their hands to guide the instrument, they at last refolved to separate the body from the head; an operation which one of the gentlemen performed with an incision knife, at the lower part of the neck, betwixt the fixth and feventh vertebra. Again they attempted to fix the crotchet; when this did not fucceed, they tried to push up the head, so as to turn down the vertex, and open it with the fciffars, and then

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then to extract with the crotchet, as in the former cases: but being both again satigued, they were obliged to desist, and sent for me; and, in the mean time, desired the woman

might be kept quiet in bed.

After having placed her in a supine posisition, I introduced my lest hand into the vagina, then raised the head, so as to gain admission into the uterus. In doing this, I found, that the difficulty in the head's coming along proceeded from the pelvis being distorted; and that the upper part of the os facrum and last vertebra of the loins jetted considerably forwards.

Having found the mouth, I introduced a finger into it, and bringing it downwards, turned the forehead to the right fide, at the brim of the pelvis; then tracing up with my fingers along the face and forehead of the child. while an affiftant pressed gently with both hands on the abdomen of the woman, I tried to introduce one of the curved crotchets; but finding that the pubes prevented me from infinuating it far enough up in this polition, I turned her to her left fide, and again introduced my left hand in the fame manner. Betwixt this and the child's head, I slipped up the crotchet with my right hand, having the head grasped in the uterus with my left, my fore and middle fingers being placed on the right parietal bone, near the vertex. I fixed the point of my crotchet into this part; and after I found that I had tore open the skull, and that the crotchet had a firm hold, I withdrew

my hand. Fixing again the fore and middle fingers into the mouth, and my thumb below the chin, I began to pull with both hands, viz. at the under jaw with my left, and at the crotchet with my right; but finding that it required a good deal of force, I pulled at first in a flow and cautious manner, that as the crotchet tore open the bones, I might allow time for the brain to evacuate, and the head to diminish in its bulk. I exerted the greatest force at the crotchet, and only a little at the under-jaw, for fear of tearing it off, and lofing that hold, which is of great advantage to keep the head steady. By increasing the force at intervals, the head began to advance lower and lower. When I had brought it down into the pelvis, I directed the affistants to lay the patient in the Supine position; then I turned the forehead from the right ischium backwards to the concave and lower part of the facrum; and standing up, pulled the head upwards, in a semicircular manner, from below the pubes. One lucky circumstance attended this case; the woman had no flooding during the whole time, and endured all these efforts with great resolution. Finding that the placenta did not in a little time come down, I introduced my hand into the uterus, and found the part where the head was lodged still pretty open. At the upper part of it I perceived the middle of the uterus, contracted in form of an hourglass, below the placenta, which adhered to the fundus. I infinuated the fingers of my right hand gradually into this contracted part, while 21

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at the same time I preded my left hand on the abdomen, to keep down the uterus. After it was fully stretched, so as to allow my hand to pass, I gradually separated and extracted the placenta, which was adhering firmly to the uterus.

When we examined the head, we found the crotchet had fixed on the right bregma, and had made an opening about two inches long, down towards the temple. In operating, I tried to fix it nearer the vertex, on the fagittal future; but the head being slippery, and difficult to keep in a firm position, I was glad to fix it in that part. Indeed I imagined it was fixed higher, and the opening much larger, till the head was examined.

The woman, altho' she was much exhausted by undergoing the fatigue of these several trials, yet at last recovered much sooner and

better than expectation.

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When I was called (as fuch cases happen but very feldom) I carried along with me a pair of the long forceps, bent to one fide, A. mand's net, Leveret's tire-tête, and a pair of curved crotchets: But finding the difficulty proceeded from a narrow pelvis, and that the head must first be opened, and lessened in bulk, before it could pass, the curved crotchets feemed the most simple and effectual instrument. If this had failed, then it might have been proper to turn down, and open the vertex with the scissars, and extract the head with the crotchets. The curved kind feem 0 3 better better adapted for this purpose than either the straight kind or blunt hook, to be used either with or without the fleath. Dr Hunter was present, and assisted at this operation. Wide my Anatomical Figure, Table XXXVI, which was drawn to illustrate this

case. 7

This should be a caution to practitioners. never to separate the body from the head, if possible to deliver without using that expedient; but to wait with patience (when the child cannot be faved) the efforts of the pains, especially if the woman is not in absolute danger; for the head is much easier delivered with the crotcher, when not separated from the body.

CASEL V.

The Head separated and left in the UTERUS; in a letter from Mr A. dated E. 1748.

ANOTHER practitioner was called by a midwife, to a woman of a delicate and tender constitution. She had been a whole day in ftrong labour before the membranes broke; the pains after that abated, and in two days the head did not advance.

He found the os uteri fully open, and the forehead of the child towards the pubes. With great difficulty he turned the child, and brought down the legs and body; but in using all his force to deliver the head, both the jaw and neck gave way. Being much fatigued, and the

the uterus strongly contracted, he could not introduce his fingers to the head, so as to fix the crotchet. Having sent for my correspondent, he, after repeated trials, at last got his singers into the orbit, where he fixed the crotchet, and delivered the head, which was large. The sutures were firm, and the pelvis was narrow. The patient seemed to be in a fair way of recovery for the next two days; but imprudently sitting up too long, and drinking heating liquors, she severed, and died the fixth day after delivery, without any complaint from the severity of the labour.

CASE VI.

The head left in the UTERUS; in a letter from Mr CADBY, dated Blandford, 1748.

He was called to a case, in which the midwise had pulled the body of the child from the head, which was lest in the uterus. This he immediately delivered, by fixing the curved crotchet on the head, and his fingers in the child's mouth.

In Mr Giffard's Cases of Midwisery, Case 69th describes the head of a sectus, six months old, lest in the uterus, and delivered with the hand.

Monf. Lamotte, Book III. Chap. 23. has a case of the head's being left in the uterus, the body having been delivered and tore from the head with great force. And in the last case of the Supplement to his Treatise, there is

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a case, in which another gentleman could not deliver the head, which was separated from the body, and lest in the uterus. Nevertheless he went to hed; and the first news he heard in the morning was, that the head was delivered by the mere assistance of nature.

Dr Grange of Hatfield told me of a case, in which he and Mr Wilson of Ensield were satigued a whole day in delivering a head, which was so slippery, that for a long time they were not able to open or six an instrument upon it. He was convinced, that if they had had the instruments mentioned in Case 4th, the operation would have been more casily performed.

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COLLECTION XXXVII.

[Vide Vol. I. Book III. Chap. 5. Sed. 1.]

Cases of two or more Children delivered at one Birth.

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CASE L

The first Child presented with the FONTANELLE; but the Membranes of the second were pushed down before the Membranes of the first. Both Children presented with the Head. 1753.

Was bespoke to attend this patient, who was of a delicate and tender constitution. and had fuffered much in a former labour. I was called to her in the evening, and found the os uteri but very little open. The head of the child presented; but the pains were weak and feldom. Expecting that it would be tedious and lingering, as the former, Lient for Mrs Maddox, my midwife, to attend her, who was to call me when she found the woman near delivery. I was summoned in about two hours. and found the os uteri largely open, and the membranes pushed down without the os externum, which had an uncommon feel. When I introduced my finger into the vagina. I felt these membranes and waters as coming down

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at the fide of the head. As the mouth of the womb was largely opened, and these membranes, with only a fmall quantity of waters. were hanging loofe without the external parts. I pulled them away; but touching in the next pain, I found another fet of membranes and waters still before the head. I also felt thro' them that the fontanelle presented; and by the futures, that the forehead was to the left fide, and the vertex to the right. Being afraid that this position would occasion a tedious labour, I pushed up the forehead, that the vertex might advance; in doing which, the membranes broke, and the head immediately was forced down to the lower part of the pelvis. In two or three pains more, although the fontanelle still prefented in the middle, yet the child being small, the face and forehead turned backwards to the concave part of the faerum, and the vettex turned out below the pubes, and was foon delivered. After I had tied, and cut the funis, and given the child to an affiltant, I examined, to find if the placenta was coming down; but instead of that, the head of another child presented; and as I felt no waters or membranes before it, concluded that those were its membranes which came first down. The vertex prefenting; the patient having fresh pains, and not weakened by the former labour; the membranes being broken and the waters gone, it would have been imprudent here to turn the child, and bring it footling, as I commonly used to do in other cases, where the membranes were not broken;

ken. On this occasion, I did not mention that there was a second child, lest the woman should be uneasy; but said, that I commonly waited to see if the placenta would come down slowly with the after pains: and the second child being delivered soon after, gave great joy to the mother, as well as to the assistants. The two placentas came likewise down gradually in one cake.

CASEIL

The first Child delivered with the Labour-pains; the second being larger, delivered with the Forceps-1749.

When called to this case, I was informed by the midwise, that she had delivered the woman safely of the first child, which came in the natural way, about six hours ago. She said there was a second child, which say at first so high, that she could not distinguish whether it came right or wrong, till the woman had fresh pains, which increased, and grew stronger in about three or four hours after the first child was delivered. These forced down, and broke the membranes; although the pains had been frequent and strong, and the head pretty low down, it was still some how retarded.

Pexamined, and found that the right ear presented; that the face was towards the left side of the pelvis; and that the right bregman rested on the pubes. During the next pain, I introduced my hand into the vagina, and push-

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ed up the head at the left fide. As the pain continued and increased. I withdrew my hand, and the vertex was immediately pushed down the lower part of the right ischium. Being then called to another patient, I left the woman to the care of the midwife, expecting the would foon be delivered with the labourpains. In about two hours I was again called, and found the head much in the fame fituation as when I left her, viz. the forehead to the upper part of the left ischium, the occiput to the under part of the right, and the left ear at the pubes. The midwife told me, that she had several strong pains after I went away, but that now they were grown weaker. She also said, that there was a pretty large shew at times, and seemed apprehensive of a flooding coming on. I then caused her to be placed in a fide position, and delivered the child with the forceps, as described in Collect. XXVIII. Vol. II.

I found at first the delivery was retarded by the wrong position of the head; when that was remedied, another difficulty proceeded from the uterus being contracted before the shoulders, and the funis surrounding the neck three times; which last I disentangled, by sipping it over the head, after it was delivered. This second child, contrary to most cases of twins that I have attended, was much

larger than the first.

The placentas formed one cake. A case of the same kind succeeded in the same manner with

CASES IN MIDWIFERY. 313

with Mr Palmer of Bath, when he attended my lectures.

CASE III.

Both Children presented in the natural way; the first Child delivered with the Labour-pains; the second turned, and brought Footling. 1749.

I was bespoke, and called to a gentlewoman in labour, who had been very weak and low for many months, and much emaciated. from a spina ventola in her knee; so that every body was furprifed at her being with child. She was delivered in a few pains after I arrived. While I was employed in tying and dividing the funis, the told me, that the motion of the child had been different for the last fourteen days from what it had been before: that in the last fortnight she had felt it low down, and on the right fide; whereas, before that time she had perceived it stir higher up. and at both fides. After delivery, she laid her hand upon the abdomen, and called out that it was still very big, I then examined for the placenta, and found the membranes, waters, and head of another child prefenting. Without faying any thing of the matter, I flipped my hand up into the uterus, broke the mentbranes, and after getting my hand within them, turned the child, and delivered by the feet. By its being very livid, and the fcarfskin easily stripping off, it appeared to have been dead for the space of a fortnight. The placenta formed two distinct cakes.

CASE

CASE IV.

Two Children presented together; one with the Head, and the other with the Feet. 1749.

A WOMAN who had bore children before, and was come near to her full time, fell in labour about fourteen days after she had been frightened by the fecond shock of the earthquake which happened that year. The midwife telling the husband that there was something uncommon in his wife's cafe, and I being immediately called, she told me that she certainly found two children presenting at once, and was afraid that they might entangle and interrupt one another in the paffage; that the head of the one presented, which she fulpected was dead, from the skin of the head feeling foft and pappy, and the bones of the skull loofe within the integuments : that the legs of the other prefented, which she was certain was alive, from feeling the child move them.

No fooner had the midwife given me this information, than the patient was attacked with a very strong pain, and the midwife was defired to make haste into the room, for that she would certainly have work immediately; accordingly she had just time to receive the first child, that presented with the head: it was dead, as the midwife foretold, and appeared to have been so from the time that she received the fright; and in two or three pains more, the

the child that presented with the feet was forced down, and delivered alive.

CASE V.

Both Children presented with the Breech; and were each delivered by the Labour-pains.

In the year 1741, foon after I began to teach midwifery, I was called to one of the poor women who had bespoke me to attend her with my pupils. When I arrived, I found the breech prefenting, with the thighs to the facrum; but as the pains were gone off on the discharge of the waters, and the breech was fill high, I expected that it would require fome time to stretch the parts more fully before it could come lower down, and be delivered. I went to a coffee house in the neighbourhood, and fent for those who then attended me; but before they all arrived, a meffenger came in a hurry, telling us, if we did not make haste, the child would be delivered before we could reach the place. This was actually the case. I told the pupils, that althor they had miffed feeing the labour, yet they would have an opportunity of observing the delivery of the placenta. I then examined: but instead of the placenta, I found the breech of another child prefenting, in the fame manner as the first, which in two pains more was delivered with very little affistance; and the two placentas, which formed only one cake, immediately followed.

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The children were fmall; and although the

woman was of a small stature, yet neither she, nor any of her acquaintance, suspected that the was with child of twins.

A S E

The first Child presented with the Arm, the second with the Head; both brought Footling.

THE arm of the first child had been protruded feveral hours after the membranes broke. and pretty much swelled before I was called.

As the woman lay on her left fide, I tried to introduce my hand into the vagina: but finding the arm obstructed the passage, I doubled it, and eafily pushed it before my hand into the uterus. While I went up farther to fearch for the feet, I found another child inclosed in its membranes; a circumstance which made me advance more cautiously, for fear of breaking them, as they lay towards the left fide and fundus uteri, but more forwards than backwards. I had introduced my right hand, and finding that the legs of the child lay backwards, and to the right fide, towards the fundus, I was obliged to withdraw that hand, and introduced my left, with which I brought down the legs, and delivered that child. The uterus immediately contracting, the placenta and membranes of the first child, with the membranes and waters of the fecond, prefented; but the placenta was lowest, and being separated from the uterus, came eafily down into the vagina, by pulling gently at the funis.

Having delivered the cake, and finding a DESTRUM

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pretty large quantity of blood follow, I infinuated my right hand into the vagina, and found within the membranes the head of the other child prefenting. Pushing farther up, and breaking the membranes, I turned this child, and brought it footling also, as described in Collect. XXXII. I ordered a cataplasm to be applied to the first child's arm, which was swelled; the swelling in a few days subsided, and the child did very well.

CASE VII.

Both Children presented wrong; and were brought Footling.

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I was called, in the year 1748, to a woman in labour. The first child presented with the hands, feet, and funis in the vagina: I tried, as she lay on her lest side, to introduce my hand and deliver the child; but as I could not keep the patient steady in that position, I turned her to the supine posture. After I had introduced my hand into the uterus, I found the head high up to the lest side; I then withdrew my hand, took hold of the legs, and delivered the child.

Having tied and separated the sunis, I defired the midwife to sit down and deliver the placenta, by allowing it to descend slowly; but seeing her attempting to push up her hand, I desired that she might rather wait, and signified, if there should be any difficulty afterwards, I would affist. She telling me there was some more work for me, I immediately

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fuspected that there was a second child; which I found presenting in the same manner, and

brought footling alfo.

The placentas not following for a confiderable time after, I pushed up my right hand into the uterus, separated and delivered one that adhered to the left fide, and after that the other which adhered to the fundus.

CASE VIII.

Three Children delivered by Mr PROSSER, when he attended me; in presence of some of the pupils, October 71h, 1752.

I was fent for to a poor woman who had been in labour some hours, being eldest pupil to Dr Smellie, who was then otherwise engaged. I touched her, and felt through the membranes both hands and feet blended together. The os internum being well dilated, I broke the membranes, difengaged the latter, and pulled them down to the paffage; pushing up the head at the fame time; by thele means I finished the delivery. and of our deal was

I fought afterwards for the placenta; but finding a more than usual resistance, I slid my hand along the cord into the uterus, where I found the membranes and waters of a fecond childell Bushes for it packets ve andonie

I gave a gentle pull to fee if the first had not its own placenta; but finding a refistance, I opened the membranes of the second, which presented like the former, and consequently required the same treatment.

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Having divided the cords, I pulled them fometimes alternately, and fometimes together, but without effect; so was induced to introduce my hand a second time, and extracted two placentulas firmly connected by an inter-

vening membrane.

By this time I thought my labour ended; but was deceived: for in a few minutes after she complained of fresh pains; and on inquiry, it appeared to be a third child, which presented a right hand and foot. I introduced my lest hand into the uterus, and pushed up in order to get at the other foot; but the uterus being strongly contracted to the body of the child, it was with great difficulty I accomplished it: the placenta followed soon after.

CASE IX.

The delivery of three Children; described in a letter from Dr Harvie, London, 1761.

HE was called to a patient about the latter end of the fourth month of her pregnancy; but she was as big as one come to the full time, and apprehensive of an ascites in the abdomen: however, on examing the belly, and she being sensible of the motion of the setus, he found the bigness proceeded from the stretching of the uterus. Her complaints from this time till she fell in labour, were chiefly cardialgia, vomiting, difficulty of breathing, and costiveness; for all which she was often bled, and seldom missed taking Magnesia Alba. From the

the constant vomiting she daily lost strength, and was much emaciated.

When she was taken with labour-pains he found the os uteri open to the diameter of half a crown, and the head of the child very low. Her pains being slow and weak, he ordered a glyster, which operated. After which the pains went quite off. When he called next day, he was informed that the membranes were broken, that a large quantity of waters were come off, and still continuing to drain away; and he was informed that she had not been so easy for four months; for she could now breathe, and had taken some nourishment, but had no pains.

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He was again called the following day at one o'clock in the morning. The pains were not strong or frequent; but the os uteri being sufficiently dilated, the child was born in about

fifteen minutes.

After tying the navel-string, and giving the child to the nurse, he found the head of another presenting. At the first pain he broke the membranes, and in two more this child was also delivered. After taking care of this, he found there was a third from the still great distention of the uterus; but the patient being faint, and in order to avoid the danger from the sudden emptying of the uterus, he pinned a long towel moderately tight round the abdomen, and gave her the following draught.

B. Confest. Damocrat. 38. Aq. Alexiter. Simp. 3is.

Aq. Nucis Mofeh. 3ij. Tinet. Thebaic. Gt. xv. Syr. Alb. 3i. M.

Examining again, and not finding the membranes pushing down, or any part of the child; and being apprehensive that it might present wrong, he searched higher, and sound the head and membranes at the brim of the pelvis. These being broken, this third child was delivered in the course of the next pain. Although the patient had hitherto lost but little blood; yet as there was more coming, and the woman was weak, he gently assisted and brought the placentas away; two of them were joined together, and one separate.

By this time she was very faint; but the draught taking effect; she dropped asleep, and after some hours, so far recovered as to be able to bear the fatigue of shifting. She had a severe cough for three weeks before delivery, which gradually abated afterwards; and is now pretty well recovered. The children are three

fine boys, alive and well.

He observes, that from several twin-cases which have fallen under his notice, he has reason to think, that one principal evidence of a woman's being with child of more than one, is the uterus rising much earlier up in the abdomen than is usual when there is only one. The above patient was as big at the latter end of the fourth month, as women are commonly at their full time.

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CASEX.

Twins. The second Child delivered in the seventh month by Mr GIFFARD, Gase 151. Oct. 6, 1730.

I was fent for about four o'clock in the morning to the wife of a fnuff-box maker in Dean-street, near Red-Lion Square, who was, according to her calculation, about feven months gone with child. I had been with her about three months before, when she was un. der some apprehensions of miscarrying, and by proper applications I cured her at that times but now one feetus was brought away before! was fent for. I would have immediately passed my hand in fearch of the placenta; but the woman could not be readily perfuaded to admit me, and made some struggle, until she was overcome by the perfuasions of her friends and the apprehension of the danger she was in, should it not be brought away; fo that at last the permitted me to pass my whole hand into the vagina, and foon to the os internum; which I found fo much contracted that it would fearcely admit the ends of four fingers. But having by degrees dilated the orifice, I introduced my hand into the uterus, and found fomething harder than a placenta. This proved to be another fœtus inclosed in its membranes, which were much distended by the waters.

I broke the membranes immediately with the ends of my fingers; and then putting my hand within them, I fearched for the feet.

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The first part I met with was the head, which I passed by, and went on in search of the feet. and foon found one foot. This I brought out: and as I had fufficiently dilated the os internum, the fœtus being likewise very small, I judged I might easily draw it out by the leg already brought down, without giving her fresh pain by passing up my hand again to fetch

down the other.

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I therefore took hold of the leg I had fecured, and gently drew it forwards; I fay gently, for if I had used any force, I might have torn it from the body, the leg being very small and tender: at the same time I advised the woman to affift by bearing down strongly, which much contributed to the bringing out of the hips, body, and head; all which foon followed. Upon passing up my hand to fetch the afterburdens, there being two entirely separate, I met with the burden of the fœtus first born. protruded and lying in the vagina; this I immediately brought away; and then repressing my hand, I found the other lying within the uterus, but wholly separated from it, so that I had no more difficulty in bringing this than the former.

In the Memoirs of the Academy at Paris, H. 1727. page 15, 20, 21. is an account of two children delivered eight days after one another.

COLLECTION XXXVIII.

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Of Monstrous BIRTHS.

[Vide Vol. I. Book III. Chap. 5. Sect. 2.]

CASE I.

The history below, is of two Children adhering to one another at the side of the breasts and bellies: they have both hare-lips, and but one navelstring; the vessels separate as they enter the skin of their bellies, and each child has its own. Both were sent to me by the same gentleman, and are amongst my Collection of Fœtuses, together with other useful preparations, collected from time to time for the information and improvement of students; and now in the hands of Dr Harvie, my successor in the teaching of midwisery.

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SIR

A GREEABLE to my promise, I have sent the preparation, which I hope will sully answer your expectation. The mother, who before had seven or eight children, miscarried with these at the end of twenty weeks, from her great uncasiness, she imagines, in longing for a chop of bacon. She was taken at first with a considerable flooding, which was moderated by blooding and anodyne medicines. The next day finding some strong pains, her midwife was sent for, who delivered

ed her in a few hours. Notwithstanding their smallness, and one of them presenting with the feet, she found great difficulty in extracting them, as you will fee by the laceration of one of them, which is stitched up again. They had no figns of life. The mother has fince had two fine children. This happened in the year 1735.

It is remarkable of the father of these children, that he had no teeth before the age of one or two and twenty; but has now as good a fet as I ever faw, and can lift up very great weights with them, &c. From Henry North, furgeon in Stirminster Newton, in the county

of Dorfet, 4th July, 1747.

CASE II.

A child born, in which part of the skull was wanting. 1747. From Mr PIERCE of St Thomas's Hospital, apothecary.

IT was a male child, of an uncommon fize in his body and limbs, with very broad shoulders, and a short thick brawny neck. The head was smaller than those of most infants that come in due feafon, as this did. The nose was broad and flat, the eyes full, large, and very prominent, fo that the lids could not cover them; the ears were remarkably large and thick. There was no skull to cover the brain, and the edges of the bones of the lower part of the head were as straight and smooth as if they had been fawn afunder immediat ly above the orbits of the eyes. There was Vol. III. wantwanting the os frontis on the fore-part, and on the back-part almost the whole of the occipitis. The ossa bregmatis were entirely wanting; and as there was no scalp, the brain was covered by nothing but the pia and dura mater, which looked of a dark livid colour, and was pushed out in divers places by the brain, so that it made an unequal surface for want of bones to confine it. This inequality and softness, together with the edge of the bones, was what surprised the midwise, and made her expect a more disficult delivery. The account then given by the mother, as the probable occasion of this dis-

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after, is as follows.

Upon the ninth of April 1747, when she was near two months gone with child, she was grievously frightened with thinking on Lord Lovat, who was that day to be beheaded. Her husband was gone to see the execution amongst the crowd on Tower-Hill; and when the news came to her hearing, that a scaffold was fallen down, by which accident many people were hurt, and some killed on the spot, the immediately feared that her husband might be of the number, and was greatly affected. While she was under this dread and apprehension, an officious idle woman came to her and faid, that a friend of hers, for whom the had a great regard, was killed on the spot, and that she faw his brains on the ground; upon this the poor woman put both her hands on her head in great agony, and immediately fainted away. CASE

CASE I.

PHILOSOPHICAL Transactions, No 65. p. 2096. an account of a monstrous birth, by Dr Durston, which had two heads, two necks, four arms, and four legs, perfect and well shaped; but only one trunk. There was no appearance of lungs; and only one large heart, one midriff, one umbilical cord, one large liver, one stomach, four kidneys, two urinary bladders, two wombs... There was only one colon, which terminated in two intestina recta. It weighed eight pounds and a quarter; and the length from head to foot was full eight inches and a half.

CASE H.

THERE is another monstrous female birth by Dr Samuel Morris, No 138. p. 961. There were two heads; and all the parts double above the diaphragm, and fingle below, except the appearance of two stomachs. The uterus was of a common fize; but the clitoris large: there were only two legs and two arms: the secundines were very large, and weighed about eight pounds. One was dead, and the other just breathed.

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CASES III. and IV.

ANOTHER account of a double birth, in which the children were joined at the breaft. N° 2. p. 21. They did not wake and fleep logether. They also cried, sucked, and exonerated apart.

328 CASES IN MIDWIFERY.

The same paper relates, there was such an other birth in Wales, and the children lived so long till they could talk to each other; which they did in tears, when they thought that one must survive the other; but both happened to die together.

CASE V.

A MONSTROUS birth from Mr Robert Taylor, much of the same kind as Case III. and IV. in the same Transactions, N° 308. p. 2245.

C A S E VI.

PHILOSOPHICAL Transactions, N° 453' p. 837. A monstrous boy seen at Montpelier, by Dr Andrew Cantwell, about 13 years old; who bears the lower parts of another boy; the fore-parts of each face one another.

CASE VII.

REFLECTIONS on generation, and on monthers, by Dr Supervile, Philosophical Trans-

actions, Nº 456. p. 294.

Besides the above cases, there are several other papers describing births, in which the bones of the upper part of the cranium were wanting; in most of which the cerebrum and cerebellum were also wanting: those that were born alive died soon after the birth. Vide N° 99. p. 6157. N° 226. p. 439. N° 228. p. 553. N° 234. p. 717. N° 251. p. 141. N° 320. p. 310.

In the Philosophical Transactions, N 487

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p. 325. A letter from John Huxham, M. D. to C Mortimer, M.D. concerning a child born with an extraordinary tumour near the anus, containing some rudiments of an embryo.

In the Philosophical Transactions, Nº 472. p. 10. An observation of a spina bisida, commonly fo termed, by Geo. Aylett, furgeon at

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In the Memoirs of the Academy of Sciences at Paris, M. 1701. p. 112. is an account of a fætus found in the ovarium of a woman.

In the same, H. 1703. p. 43. an account of a puppy whelped without a gullet; a circumflance proving that the fœtus could not be nourished but by the funis.

In the fame H. 1711. p. 26. description of a fætus without cerebrum, cerebellum, or spi-

nal marrow.

Id. 1712. p. 40. of a male fœtus at its full time, which had neither brain nor spinal marrow, and which lived 21 hours, and took fome nourishment.

Ibid. M. 1732. p. 309. of a monstrous foetus with two bodies, the one male the other female.

In the German Ephemerides there is a great number of histories of such monstrous productions. Vide also Ruysch.

From MAURICEAU.

In the 53 page, and 64 Observation, he mentions having feen a dead child of a woman lately delivered at feven months of a monstrous figure, having the arms and the feet quite

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mishapen, and the head without any neck. joined immediately to the breaft, having on the head, instead of the brain, a fort of thick flat cap or cawl, like a red wen. This had a production like a tail, which reached along the fpine as far as the os facrum; and on the right fide of the navel there was a confiderable livid tumour like a ventral hernia, in which feveral of the contents of the abdomen were contained. This child had been dead some days before it was delivered, as appeared by the epidermis, which came off eafily; and the monstrous figure might be imputed to the disorder of mind and body which a great fright or vexation the mother met with in the beginning of her gestation had thrown her into.

From MAURICEAU.

In the 301 page, and 363 Observation, he mentioned his having delivered a woman of her first child, which had all the sleshy or muscular parts of its body quite hard and scirrhous.

From MAURICEAU.

In the 118 Observation, and 63 page, he gives an account of his having delivered a woman in the eight month, of a child whose head was of a monstrous figure, being without any brain; but instead of all the upper part of the head, there was only a reddish brown substance: there appeared likewise the inserior extremities of the occipital bones, and the two eyes very prominent. Its feet were turned inwards.

wards. This monstrous conformation was

ascribed to great fatigue in a journey.

He mentions having feen at the fair of St Lawrence, two male children dead, whose bodies were joined together towards the upper part of the thorax. The mother had been five months gone; but no particularities are mentioned at the birth.

Monf. Lamotte, Book IV. Chap. 14. gives several cases of mutilations and deformities in

children.

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COLLECTION XXXIX.

[Vide Vol. I. Book III. Chap. 5. Sect. 3.]

The CESARIAN Section performed on the Dead, as well as the Living Subject.

strate displaying the forms trade NUMB. I. CASE I.

A Case of Flooding; the Woman died fuddenly, and was opened immediately to fave the Child.

IN the year 1747, I was called by a midwife I to a woman who was attacked with a violent flooding; but she being unwilling that I should examine, and the discharge being stopped before I reached the house, I ordered a mixture of the Tinctura Rofarum, and liquid laudanum, to be given as there should be oc-P'4

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should again return.

She was within a fortnight of her full time; the discharge was sudden, in a large quantity, and foon stopped; she continued free all that day, till towards the evening; the flooding continued all night; and I was not called till next morning, when I found her excessively weak and low. Although the had no figns of labour, yet the os uteri was foft, and a little open, and fomething like either a coagulum of blood or the placenta presenting. Before I had time to put her in a position for the delivery, she fainted away, was thrown into convulfions, and died instantly. As there were none butthe husband and nurse present, limmedietely fent for an apothecary, who lived next door. All the bystanders being fully convinced of her death, I immediately made a large opening in the abdomen, with a view to fave the child. Though the woman was pretty fat, yet the parieties of the abdomen were thinner than I expected, from the large extension of the uterus. I then made a large opening in the uterus also, which was not a quarter of an inch thick. A large quantity of waters were immediately discharged into basons, in all about two quarts. I then extracted the child, which was large and plump, but had no figns of life, and feemed to have been dead feveral hours by the stiffness of the joints. I now leisurely examined the uterus and fecundines. The uterus and the woman's body feemed to be quite destitute of blood; for scarce one drop appearit

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appeared on opening the parts. I feparated the membranes flowly, which adhered to the infide of the uterus. In this operation, I perceived little small filaments, like hairs, that were extended; and in separating, some shrunk into the uterus, and fome to the membranes. I found the placenta adhering to the lower part and left fide of the uterus, and about three' fingers breadth of it lying over the os uteri. I then also separated the placenta, and found filaments about the fize of hogs briftles, shrinking in as the former. All this part of the placenta looked florid, but that which was disengaged, and over the os uteri, appeared livid, and split in the middle; which probably was the occasion of the child's death, by allowing the blood to be discharged from the placenta. The woman had eafy labours in her former children. The os uteri was thin, foft, and open to the breadth of half a crown. I dilated it with eafe, which showed, that if I had been fent for in the evening, the might have been fafely delivered. The head presented; but in the hurry, I did not then observe the position of the body.

CASE

A Case in which the UTERUS was opened, and every thing appeared much in the same manner as the former. In the year 1748.

THE woman was turned of 40, of a groß habit, and had never bore a child. In the feventh month of her pregnancy she received a

fall, that brought on a large discharge; which, however, by proper management, was foon restrained, though it commonly returned on

the least motion or exercise.

About the middle of the eighth month I was called, when it had returned in larger quantity than before; but it diminished by degrees, and foon stopped altogether. What seemed to me most necessary at that juncture, was to keep up her strength by a nutritive diet, confifting of the lightest kind of food. But being apprehensive of danger from her great weakness, I advised the husband to call in a physician; who approved of what had been done, and ordered the same regimen to be continued. After this she went on tolerably well, having now and then some small returns, the' not so much as to require any other method; for the delivery could not have been attempted with any probability of fuccess, even altho' the discharge had been in greater quantity, the os internum being close shut, and extremely rigid. Two or three weeks before her full time, she was taken with slight pains, upon which I was called, and found the os internum opened about the breadth of a fixpence, and within it a fost substance, that felt like the placenta or coagulated blood. As she had refled but indifferently the preceding night, was faint and weak, and had some small returns of the discharge, I defired a consultation with another of the profession; and the family being strangers in England, mentioned fome of the most eminent in my own way. One

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One of the women proposed Sir Richard Maningham; but he being engaged, Dr Sands was fent for; who gave it as his opinion, that it was still proper to support her strength by broths and nourishing food, and more fafe to wait until the flight pains should bring on the right labour, than to use any violence to deliver her immediately. I was again called about nine o'clock the fame night, when she was taken all of a fudden with frequent faintings; in one of which she expired as I entered the room. This fudden alteration prevented me from making any attempt; and indeed, had not this event happened, I should have been afraid of her dying in the operation, because of her gross and weak habit of body. Cases of this kind require the utmost prudence and caution. I have faved many women and children by immediate delivery, when the patients were not very low and weak, or wore out with frequent losses of blood, and when the discharge happened all of a sudden, in a good constitution, the parts being open, soft, and used to extension by a former birth; but when the constitution is gross, the parts rigid, and the patient weakened by interrupted floodings, I have always practifed the foregoing method, which has often been attended with fuccess.

As foon as all prefent were fatisfied that this person was dead, I opened her abdomen, and having taken out the child, examined the uterus. I found the placenta firmly adhering to its inferior and posterior parts; about two

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fingers

fingers breadth of its lower edge was separated from the os internum, which it covered; and this was what Dr Sands and I had felt in the morning. Having extracted the fecundines. I tried with my hand to open the os internum from the infide of the uterus; which with great force I performed, not without tearing it about two inches on one fide. By this it appears how difficult it is to dilate this part in women going of a first child, especially when they are pretty old. Indeed it is fometimes impossible to be done before they come to their full time; and even then, not until the parts are thin, foft, and largely opened by previous labours; as described in Col. XXXV. Case 8, and 10.

C A S E III.

A Case of Flooding. The Woman died, and the CE-SARIAN operation was performed immediately aster. Covent-Garden, April 1747.

THE woman was above eight months gone with her fourth or fifth child. She had got up and fatigued herself pretty much in the morning; in consequence of which she was seized with pains in the back. She tried to make water, and all of a sudden was taken with a violent flooding, which almost filled the chamber-pot. Her midwise, Mrs Draper, being sent for, desired they would call me immediately. When I came, the flooding was stayed. I endeavoured to examine, but could not reach the os uteri on account of her shivering.

vering, As she was easier, and not much weakened, they would not allow me to perfift in my endeavours. I told her friends the danger to which she would be exposed, if the flooding returned with violence; and exhorted them in that case to send for me immediately. In the mean time, as her pulle was full, I ordered ten ounces of blood to be taken from her arm, directing her to keep in bed, and take frequently two spoonfuls of the following mixture, Infus. Rosar Rubr. 3v. Elix. Vitrioli. Gut. x. Syr. e Meconio, 3i; and that a linen rag dipped in the following decoction should be put up the vagina, R. Coort. Granator. Querci. Flor. Balaustior. Rosar. Rubr. ā zi. coq. in Aq. Font. q. f. ad ziv. colaturæ, Adde Alum. rup. 38 Vin. Rubr. 3ii.

She was again attacked with the flooding about eleven at night, and fent for the midwife; and though she was not at home, they delayed calling me till about fix in the morning. I felt her pulse, which I could scarce diflinguish: her extremities were cold; a cold fweat had spread all over her face and breasts; and she could scarcely speak. I immediately ordered her a cordial Julep. with Tinctur. castor, and Sp. Salis Ammoniac.; and in the mean time gave her some warm red wine. Her veffels were fo much emptied, that the flooding was ferous and much stayed. I ordered ligatures above the knees and elbows, and warm cloths and bricks to be applied to her feet and hands. All these steps were taken in order to recover her strength and spirits before

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I now examined more narrowly the following particulars. On opening the woman, I found the parieties of the abdomen thin and tenfe from the stretching of the uterus. I made the incision with an armed lancet, which was the instrument easiest procured, from the navel along the linea alba to the offa pubis, through

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through the integuments and peritonæum. The uterus, which was fully distended with the waters, appeared through the openings, and stretched the lips feveral inches from each other. I then opened the uterus, which was about three eights of an inch thick; there feemed to be about three or four pints of water contained in the membranes. When I came to examine the adhesion of the membranes and placenta, I found the membranes adhering every where to the uterus; and on feparating them flowly, observed every where little small filaments like hairs extended from the one to the other. The placenta adhered to the back and lower part of the uterus. I introduced my finger up the vagina to the os uteri, which was opened about half an inch. and found the lower edge of the placenta covering it on the infide, adhering all round it, and also firmly adhering all along the lower and back part of the uterus. This I separated flowly from the uterus; and here likewife appeared filaments rifing from the one to the other, as in the membranes; but as large as hogs briftles. But there was a greater roughness or inequality, resembling small indentations in that part of the uterus, and not so smooth as where the membranes adhered. There was no red blood in the veffels to be feen, because the body was quite exhausted. Where the uterus was opened, there appeared the mouths of a great number of vessels, some of them half an inch in diameter. The flooding feemed to proceed from the position of the plaplacenta over the os uteri, which always hap. pens when the placenta prefents first. The head of the child was turned down to the os internum.

NUMBER

Monf. Lamotte, in book 4. chap. 11. mentions some cases from other authors, and gives feveral himself, in which the passage to the uterus was shut up by callosities. But he opened, and made way for the birth of the children, without being obliged to perform the Cæfarian operation. Vide Collect. XXXI. Cafe 27.

NUMB CASE

From the Medical Esfays of Edinburgh, Vol. V. art. 37. The Cafarian operation performed with fuccess by a midwife; described by Mr Duncan STEWART, furgeon in Dungannon, in the County of Tyronne, Ireland.

THE histories of the Cæsarian operation being so few, I send you the following. Alice O Neale, aged about 33 years, wife to a poor farmer near Charlemont, and mother to several children, in January 1738-9, was taken in labour, but could not be delivered of her child by several women who attempted it. She remained in this condition 12 days; the child was thought to be dead after the third day. Mary Donally, an illiterate woman, but eminent among the common people for extracting dead births, being then called, tried also to deliver her in the common way; and her attempts

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tempts not succeeding, performed the Cæsarian operation, by cutting with a razor, first the containing parts of the abdomen, and then the uterus; at the aperture of which she took out the child and fecundines. The upper part of the incision was an inch higher, and to one fide of the navel, and was continued downwards, in the middle betwixt the right os ilium and the linea alba. She held the lips of the wound together with her hand till one went a mile, and returned with filk, and the common needles which taylors use. these she joined the lips in the manner of the flitch employed ordinarily for the hare-lip; and dresse. I the wound with whites of eggs, as she told me some days after, when led by curiofity, I vifited the poor woman, who had undergone the operation. The cure was completed with falves of the midwife's own compounding.

In about 27 days the patient was able to walk a mile on foot, and came to me in a farmer's house, where she showed me the wound covered with a cicatrice; but she complained of her belly hanging outwards on the right side, where I observed a tumour as large as a child's head: and she was distressed with a sluor albus, for which I gave her some medicines, and advised her to drink decoctions of the vulnerary plants, and to support the side of her belly with a bandage. The patient has enjoyed very good health ever since, manages her family-affairs, and has frequently walked to market in this town,

which is fix miles distant from her own house.

The following is from Dr King, in the fame volume, article 38. There is another woman lying within five miles of this place, from whom a midwife took a child, by the Cæfarian operation, near two years ago; I faw the poor woman foon after, and drew out the needles which the midwife had left to keep the lips of the wound together. I perceived the muscles contracted into a lump at the lower part of the belly, which increased, and at last broke and ran confiderably. This woman is capable of doing fomething for her family, with the affiftance of a large bandage, which keeps in her intestines. This child, which I faw, was not extra uterine; for several besides the midwife affured me, that a leg of it prefented itself to view in the vagina before the operation. associated data tile contenda he-

Armagh, 23 October, 1740.

By comparing the time and the distance of Charlemont from Armagh, as mentioned in this last part of Dr King's letter with Mr Stewart's, it probably must be the same woman's case which both of them relate.

NUMB. II. CASE II.

THE Cæsarian operation performed by Mr Smith, surgeon in Edinburgh, communicated to me, and inclosed in the following letter by Dr Adam Austin. T

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SIR,

INCLOSED I send you the case of the woman that underwent the Cæsarian operation. The only remarkable circumstance in it is, that the impregnated uterus may be cut without any considerable hæmorrhage; but it is such a dangerous operation, that it ought never to be performed if there is the least probability of bringing away the child in any shape. I was present when Mr Smith performed the operation, and recollect the sudden contraction of the uterus, which I suppose prevented the hæmorrhage.

Edinburgh, July 28,

Yours,

I was fent for to ———— Paterson, a drummer's wife in the Cannongate, June 28. 1737. about ten that night, who had been in labour for fix days. She was one of the least women I ever saw, and prodigiously deformed.

I touched her, and found fomething in the vagina so large, that I at first took it for the head of the child; but soon found I was misstaken; for examining more attentively, I found towards the os pubis the os uteri thick, high, and a very little dilated, and thro' it I selt dissinctly the child's head. What I at first took for it proved to be the os coccygis of a very extraordinary size and shape, turned inwards quite cross the vagina, and reaching almost to the fore-part of it. About an inch and a half,

or two inches above the extremity of the os coccygis, I felt the offa pubis, not forming a convexity outwards, as they do in a natural state; but were depressed inwards, so that I could scarce get up two singers betwixt this monstrous os coccygis and the offa pubis. The woman being much fatigued with pains and want of sleep, I ordered an opium pill to

procure rest.

I visited her next morning, and found she had flept some hours; but after she awaked, she had had violent pains.—Upon touching, I found the os uteri a little more dilated, so that I could feel about the breadth of half a crown of the child's head.—The constriction of the parts was fuch, that it was impossible to deliver her in any shape; I therefore endeavoured, with all my strength, to press downwards and backwards the os coccygis; but in vain. I then told the women that were about her that it was impossible to deliver her; they begged of me to try any method however desperate. One of them proposed a crotchet; but the passage between the bones of the pelvis was fo narrow and fo crooked, that it feemed to me absolutely impossible to bring away a child in any shape through them. I promised to pay another vifit foon, and to bring some of my brethren along with me, and to give her all the affistance we could.

Accordingly several of my brethren visited my patient along with me, viz. Dr John Lermont, Mr Drummond, surgeon and manmidwife, &c. who were unanimously of opi-

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nion that the child could never be brought through the vagina, and that the only chance she had for life, and even that a very small one, was to undergo the Cæsarian section. This was told the woman and her friends; and to prevent any resections afterwards, we repeated in the strongest terms, the great danger the woman would run in the operation, and that possibly she might die in our hands; but they were resolved to run all risks.

Accordingly ten at night was appointed for the operation. The following gentlemen were present; Dr Monro professer of anatomy, Dr John Lermont, Dr James Dundas, Mr Drummond, Mr Osburn, Mr Gibson, Mr Douglas,

furgeons.

The instruments and dreffings as follow.

1. A common scalpel. 2. A pair of crooked scissars. 3. Two needles threaded. 4. Four large needles threaded for the gastroraphia. 5. Scraped lint. 6. A large compress, napkin, and scapulary. 7. Ink. 8. A cordial to be given

during the operation.

The patient was laid on her back on a table covered with blankets, with a pillow below her head. Her body being secured, I seated myself at her right side. I drew a line with ink about six inches in length, parallel to the linea alba, and sour inches distant from it, in order to avoid cutting the musculus rectus. I then with a convex scalpel made an incision along the black line, through the teguments and fat. In the middle of the section I gently cut through the muscles and peritonæum, so as

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to get in the fore-finger of the left hand; up. on which, with the crooked scissars, I enlarged the wound upwards and downwards, equal to the black line I had made in the skin. The epigastric artery was opened, which I immediately stitched.

I then cut into the uterus, and tore the membranes containing the child; but as the child was large, I found the incision in the abdomen too small; I was obliged to enlarge it upwards to the short ribs, and downwards to the ossa pubis, the uterus in proportion. I then extracted the child without any violence, afterwards the placenta and the membranes. I put my hand again into the uterus and brought away some coagulated blood. The child was dead but quite fresh. I reduced a little of the gut that came down, and made the gastroraphia at three stitches without any peg.

After the first stitch the gut gave me no more trouble. I covered the wound with soft pledgets, applied a large compress, and over all

the napkin and scapulary.

The poor woman bore the operation with great courage. After she was put to bed she took a quieting draught with laudanum, and a bottle of emulsion for ordinary drink. She did not lose above four or five ounces of blood during the operation. In the night she bled a little, but it stopped before I got to her: she had not slept, but otherwise was tolerably well. Next day I visited her, she told

told me she had had some slumbers in the morning. About 12 o'clock she complained of fickness at her stomach, with an inclination to vomit; her pulle was then very frequent and fmall. She gradually grew weaker and weaker, and died about four in the afternoon. There came not away above two tea spoonfuls of blood from the vagina: the uterus was at least one inch and a half

Her friends would not allow her body to be

In the memoirs of the academy of furgeons at Paris, which are now translated, and published by Mr Neal, surgeon of the London hospital, there are a great many cases, and also the disputes for and against performing the Cæfarian operation on women when alive. the contract the side of the contract o state the tree west and the

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COLLECTION XL.

. Of LACERATION.

[Vide Vol. I. Book IV. Ch. I. Sca. 1.]

NUMB. I. CASE I.

We what I stop town almost nalls. T WAS called by the friends of a young wo. I man in Park-Street, who had been delivered of her first child by her aunt, who was a midwife in the country at some distance. The fifth day after delivery, the nurse had alarmed the young creature and friends, by telling them that she was tore. I examined and found that the frænium labiorum was rent, but not the fphincter ani. They were all exclaiming against the midwife. I told them that such things would fometimes happen even to the best practitioners; that there was no danger, and that the parts would recover and contract. The great anxiety of the patient was on account of her husband, who was then abroad; she feared that this misfortune would cool his affection. I made her easier, by affuring her, that if she kep the fecret, he would know nothing of the matter. I have indeed had cases, though feldom, in which this accident has happened; and from knowing that it commonly occasioned great anxiety to the patient, I fpoke

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fpoke privately to the nurse, as in the following cafe. answ another has aniest aniest castabbut the teneth of two inches, which

CASEOH.

I ATTENDED an elderly woman of her first child; the head was large, the perinæum was largely stretched and very thin. I held the flat of my hand against it during every pain, to prevent laceration by the head's coming out too fuddenly. The pains were very strong; and when one was over, I withdrew my hand to get some pomatum to lubricate the parts. In this interval a pain coming on fooner than lexpected, and before I could introduce my hand to guard the parts, the head was delivered, and the parts were tore, as in the former case. I told the nurse the misfortune: but defired her not to mention it, because it would make the patient uneafy, and give her the nurse much trouble. I affured her the parts would recover, and no bad confequence the book the book had both been tedicusein

I was defired by Dr Simpson in Spittle-Square to visit a woman whom another practhioner had delivered, and where he had flitched the perinæum after it had been rent in labour. The pain and inflammation were very great, and the stitches did not seem to be of any service. I therefore advised to take them out; the patient was casier, the inflammation abated, and the parts recovered.

CA SINE HILL COME

I was called by a midwife to a woman on Vol. III. the the fifteenth day after delivery. The perinæum, vagina, and rectum, were tore into one about the length of two inches, which prevented the retention of the fæces. The edges of the lacerated parts were beginning to fkin over. I attempted with scissars to pare the edges, as in the hare-lip; but could not poffibly hold the parts fo as to effect this purpofe. I then armed a lancet, and with the point scarified them, and with great difficulty made two deep stitches through the vagina and rectum. and two in the perinæum; but in two days this brought on a large inflammation, and the stitches all tore out. The parts digested and skinned over; but did not cement or join together: however, they contracted in such a manner, that in three months after she could retain her excrements.

CASES IV. and V.

I ATTENDED in two days at different times, where the labours had both been tedious from large children. The external parts were much inflamed, and mortified floughs were discharged from the vagina; after which the urine followed involuntarily into the vagina. On examining, I found a passage from the bladder into the former. They both had made water freely for feveral days before I was called; fo that I was certain the openings into the vagina proceeded from one of the mortified floughs casting off from the parts. I tried in the first to make a future to bring on an inflammation fo as to contract the opening, but could not

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fucceed: and they continued in that miserable fituation.

I was called by Dr Thomfon in Camberwell. to affift him in delivering a woman where the arm of the child presented. He told me that the woman had been fotore in a former delivery that the could with difficulty retain her excrements. Some time after her recovery we examined the parts, and advised with others; but found it was impossible to pare the parts fo as to get them to unite with the future. Befides, the vagina and rectum, where the laceration ended, felt so thin that they could not join at that part. One of my pupils told me he had fuc-ceeded in a case where only the perinæum was tore, by making immediately the twifted future, as in the hare-lip; however, as rents of the perinæum only are of little confequence, I never tried that method, imagining it dangerous to expose the woman so soon after delivery; and where the vagina and rectum are tore into one, it is impossible to use the twisted future. This last case is of more confequence, on account of the involuntary difcharge of the fæces; though in time the parts by degrees recover in some measure their retentive faculty.

I was indeed informed by feveral gentlemen of the profession, of an old rough practitioner at some distance from London, who, when called in laborious cases, delivers immediately with crotchet or forceps; tears the parts, stitches

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them up, and, as the common phrase is, makes surgeon's work: from which practice he has got the name of *Dr Pip*, from his young competitors.

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CASE VII.

A WOMAN in 1730, from a distorted pelvis. had loft her child in a former labour, and was in labour of the fecond, which proved tedious alfo. I was called, and just as the head was delivered entered the room; but as the child fluck at the shoulders, I delivered the body in a fucceeding pain. On introducing my hand into the vagina, I was furprifed to find part of it tore from the right fide of the os uteri about three fingers breadth. The placenta foon followed; after which I again examined, and was certain of the laceration, only the rent felt smaller, and the os uteri was a little tore allo on that fide. This being at fome distance in the country, I defired the would ftir as little as poslible. I was afraid of the worst from the laceration of these parts. The child was dead; but the woman recovered without any bad fymptoms. I delivered her afterwards of another, which was fmall and alive; and I found a large gap or chaim at the fide of the os uteri. I have had some others, in which I have been fensible of the os uteri's having been rent; but never found it of bad consequence, unless the patient was thrown into a fever by bad management, or other dangerous fymptoms. These might bring on a mortification sooner an the uterus, by the inflammation at that part in consequence of the rent. I must except, however, Cases 10th and 16th of Col. XXXV. Vide also Col. XXXI. Case 28. Col. XXXIII. N° 2. Cafe 9. 10 M and instrum and land

tolly being a latter easily among the trace CASE VIII.

A Cafe in which the UTERUS was tore, and the Child delivered with a Crotchet.

An old fervant of Mr Buchanan's, in Covington in the county of Lanerk, was about forty when in labour of her first child. She had been ricketty when a child, and for feveral years was troubled with an afthma, and had recovered two or three times of an anafarca, that affected all the membrana cellulofa on the furface of her body. When I was called to her in labour, the dropfical swelling prevailed to a greater degree than formerly. She had been feveral days in labour: the membranes were not broken, and no waters could be felt; the head presented, and was squeezed down into a very narrow pelvis. She was much funk, and her pains diminished. During the time when the pains were strongest. the felt as if fomething in her belly had tore or given way on a fudden, and as if her belly was grown flatter, and less stretched. The pelvis was fo narrow that there was a necessity to deliver by opening the head, and extracting the child with a crotchet, as directed above. On introducing the hand to deliver the placenta, the uterus was found tore at the fundus, and the intestines pushed down. pla-Q3

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placenta was cautiously delivered, and the intestines returned. The uterus felt lax; there was no great flooding. In order to avoid reflections, this accident was kept fecret. The torn part was fo large as to admit the hand to pass it. She seemed perfectly free from pain, but very weak; had no vomitings, convulsions, or flooding, and lived for ten or twelve hours afterwards. dring all a combination to

CASE IX.

A Case in which the UTERUS was tore. In a letter from Mr -, dated 1746.

ABOUT two months ago, I was called to a poor woman, who had been in travel for eight days. When I came, the midwife, a perfect goddels with the good women, had left the unhappy woman with this expression, that she had no travel-pains, and would not be delivered before she had more pains. But when I came, I found her in the lowest condition a woman could be in and alive; for I could not perceive any pulfation of her arteries. Much against my inclination, I was perfuaded by some of her friends, and after examination found the os tincæ so much dilated as to admit four of my fingers. I found likewife the chin of the fœtus presenting, and resting on the os pubis of the mother. The waters were voided long before. I immediately endeavourred to grasp one of its legs, which I found, and foon delivered the woman of a dead child;

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but when I again introduced my hand into the uterus, to my great trouble I found the inteffines. She had been frightened the day she was first taken in labour. According to your prudent advice, I spoke nothing of the matter, but pronounced her a dead woman, and she accordingly expired in less than six hours after.

Lamotte, Book IV. chap. 5. gives two cases, in which the uterus was tore by the violence of the pains. One woman lived three days after, and the other four. In one of them, when opened, the rent part where the child had passed through was so contracted as just to admit the end of the little singer.

In the Memoirs of the Academy of Sciences, H. 1724, p. 36—52. are cases of lacerations

of the womb in delivery.

Mauriceau, in Observation 577,

Gives an account of a little woman whom he saw two months after she was delivered, who had an involuntary discharge of urine from a long tedious labour, which occasioned a suppuration in the vagina and bladder. From this a sistula remained, and through it the urine passed. He gives two more cases of the same kind.

Vide Lamotte, Book V. chap. 5. on Contufions and lacerations.

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NUMB. II. CASE I. Inflammation of the Pudenda.

out when I again introduced my hand into the

A WOMAN complained after the third day of a pain and hardness in the right labia pudendi. On examining and inquiry, I found the fwelling and pain began to be perceived only the night before. I ordered stupes to be applied, wrung out of a decoction of emollient herbs, and to be repeated frequently, and in the intervals directed them to anoint the parts with Ungt. Sambuci; by which method the fwelling subfided, the pain abated, and in four or five days disappeared entirely.

CASE II. Inflammations of the Pudends.

THE day after a fevere and tedious labour, the external parts of a woman in her first child were fo excessively swelled, that she could neither make water nor go to stool, although she had an inclination, and had tried frequently. I prescribed the same method as above; only instead of the emollient ointment, I advised a large poultice of bread and milk to be applied and renewed after every stuping. Next day the fwelling was so abated, that the patient made water freely, and went to stool; and the whole complaint, by the continuance of those applications, went off by degrees, fo that the woman recovered. Vide Collect. XIV. Nº 3. Case. 3.

CASE

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C A S E III.

On Inflammations.

I was called by a midwife to a woman the fifth day after delivery. The labour had been tedious and fevere, occasioned by a large child; the external parts were very much fwelled and livid; the pain from the inflammation had been very great, but was then a little abated; a circumstance which made me afraid that she was in danger of a mortification: however, I was in hopes from her having had a plentiful discharge of the lochia, which still continued, that the uterus was not affected. She had also made water several times, although with difficulty; but had no stool. After she was relieved by a glyster, I ordered a fomentation of the emollient herbs with some spirit of wine and fal ammoniae, with which the parts were frequently stuped and fomented. An emollient cataplasm of bread and milk was applied; after every fomentation the swelling and pains abated more and more. About the ninth day feveral mortified floughs cast off, both from the labia and vagina. The cataplasms were continued, and a large doffil dipped in digestive, and kept in the vagina, to prevent contractions or coalitions. The parts recovered.

C A S- E IV.

Inflammation of the UTERUS and neighbouring Parts.

Being called in 1725, to a woman on the third

third day after delivery of her first child, and finding that she complained of much pain and hardness above the pubes, I examined the abdomen with the hand below the bed clothes, and found the substance of the same harder and larger than it usually felt. I was certain that it could not be from any distention of the vesica urinaria, because she had made water frequently. I was told that the labour was long and tedious; that she had in time of it pressed her belly against the lid of a high chest; that she complained of the pain immediately after delivery, and was in torment ever since.

I was much furprifed to find, that although the pain had prevented fleep, yet there had been and still was a plentiful discharge, and but little fever. I imagined that the complaint proceeded from the external parts that had suffered from a contusion, by the imprudent forcing them against so hard a substance; her pulse being a little quick, she was blooded in the arm to the amount of about six ounces. An emollient glyster gave her a plentiful stool; the abdomen was stuped or fomented with milk, water, and a little brandy; and a poultice of fresh cow-dung, softened with fresh butter, was laid all over the abdomen.

These were the only remedies then to be had. I gave her ten grains of the Pil. Matthæi: she had a pretty good night; but when the effect of the opiate was over, the pains returned in the morning. The abdomen was again stuped with a decoction of the emollient herbs,

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and a cataplasm of loas-bread applied, as the fmell of the former was disagreeable to the patient. These applications were repeated twice a-day; and in two days more the pain, tenfion, and hardness abated, and the patient recovered. s was not a pain in disvening that already:

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An Inflammation, Supposed to be in the right Ova-RIUM and LIGAMENTS of the UTERUS.

In the year 1751, I was called to a woman on the fifth day after delivery. She told me. that the midwife gave her great pain in tearing (as she called it) the placenta from her right fide: and that she had fent for me to examine a swelling there, which she felt with her hand. She was a lean woman: I felt the uterus contracted like a round ball; but on the right fide a fubstance about the fize of a goose egg; from this proceeded a round and long substance about the thickness of two fingers. which ended at the groin of that fide; the examination of these particulars gave her great pain. Much the fame method was used to this woman as in the former case, viz. venesection, glysters, fomentations, and emollient cataplasms; besides proper management as to the fix nonnaturals, and keeping her in breathing sweats. The swelling on the right side diminished; but she was not free from pain till after the twentieth day. and the wind made of head income and the

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Another, proceeding from much the same Cause.

A GENTLEWOMAN in her fecond child had been delivered by a male practitioner, who gave her great pain in delivering the placenta; and this has continued less or more ever fince. I was bespoke to attend her in the next labour. when she had an easy time; the placenta came down of itself; but in order to satisfy her and myfelf, I introduced my hand into the uterus to examine. I found all found on the infide; nothing of any kind of tumour, hardness, or unequal contraction to account for the violent pains that the formerly complained of. By proper care and management the recovered, and was free of former pain for four weeks, which afforded great hopes of a perfect cure; but it afterwards returned with as great violence as before: a bobossor salt mort and

I have delivered her three times fince, and her labours have been fafe and eafy. She was always free from the pains for three or four weeks after. It is also remarkable, that she was always eafier when with child; from which cireumstance her husband used to allege that he was the best doctor, m regon school ; smind

The pains were mostly on the right side towards the groin, but they extended quite round her back and loins. The principal physicians in London were consulted from time to time; and she tried many different remedies; including the cold and hot baths, with all kinds of

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anodynes and evacuations; but she was not in the least relieved, neither could any of the profession find out the cause of the excruciating pains; which in general passed for a neryous rheumatism.

Finding her free from these pains after delivery when she kept in bed, and before she went abroad, I after the next delivery kept her longer in bed, and in breathing sweats; but notwithstanding this caution, the pains returned, and did not abate of their violence till she was again with child.

and of . C A. S E. VII. when I

A Case of a violent Inflammation of the UTERUS, an imposthume forming, and discharged at the Navel.

In February 1748, I was called to Mrs Sin Holborn, who came on purpose from the country to be delivered of her first child. The child presented fair, yet she was in strong labour for five or fix hours: the night was cold, and the over-reached and strained herself too much, by hanging on women's fhoulders and backs of chairs, and was at the latter end quite unmanageable. She would not go to bed when it was necessary; but tumbled about on the floor. At last she was safely delivered of the child and secundines; the bed was in a large closet with no fire-place in it. She was much better next day than I expected; but complained of pains in her arms, back, and haunches, from her overstraining these parts in time of labour. Her nurse being taken ill, could ridarah

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could not attend her fo much as was necessary: fo that the caught more cold, and the perfpiration stopped. She was attacked on the third day with violent pains in her belly, and had no appearance of milk in her breafts: in confequence of taking a sudorific and opiate, she rested better, sweated much, and was easier next day. The discharge of the lochia was in fufficient quantity; but her pulse was low and quick. The pains returned at night; she had little rest, and did not sweat. On the first day a hardness and swelling had been perceived above the os pubis, and the pain increafed. I ordered Elect. Mithridat. 3i. to be taken every eight hours, with the following drught. B. Aq. Cinnamoni 3iB. Cinnamon. Vinos. 38. Tinet. Caftor. Sp. Cor. Cervi a Gt. xxx. Syr. Croci. 38. I also prescribed a paregoric draught to be taken at night. B. Aq. Alexiter. Simp. 3is. Nucis Moschat. Vinos. 3ij. Tinet. Paregor. Gt. xxx. Syr. e. Meconio. 38. She had no drought; her pulse was low, and she was naturally of a lax habit of body: fhe rested better and had plentiful fweats; but the lochia had a bad fmell, and I suspected that a gangrene was beginning. I ordered her belly to be fomented with bladders, filled half full of water, as hot as she could endure it. The boluses and draughts were continued; her pains and tenfion of the belly diminished; the discharge of the lochia increased: as she had pains in her back, and was costive, I ordered an emollient glyster with 3ij. Sal Nitri in it, which gave her two motions. This relieved the pains confiderably derably; but on the fixth night they returned, and the swelling and hardness increased on the left fide as high as the navel. The pain was so acute, that she took two of the paregorie draughts in two hours before the was relieved. This method was continued till the eight day, when she was taken with a violent looseness. She seemed at first relieved by the stools of the fwelling and pain: but as they weakened her much, I was obliged to check them by ordering Aq. Cinnam. Simp. 3iv. Cinnam. Vinos. 3i. Elect. e Scordio. 38 Syr. e Meconio 3j. four spoonfuls to be taken every two hours, or as there should be occasion. Her common drink was rice-gruel, with red wine, and the white decoction; she had the paregoric draught repeated at night, the loofeness went off: she rested and sweated that night, and was tolerably eafy next day; but the fwelling and hardness of the belly were not removed. She continued in this way to the twentieth day, being obliged to take the draught every night. She had frequent returns of the loofe stools, about two or three or four in a day; but when they recurred too frequent, the former mixture was repeated, with the Decoct. Alb. She frequently took hartshorn jellies and broths, to keep up her strength. All this time she had no cold shiverings, although I suspected from the seventh or eight day that an imposthume was forming; but I was in hopes, as there was a large discharge of the lochia, of a reddish colour and good fmell, although it did not diminish with the loose stools, yet it might in time carry

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carry off the disorder. This, however, did not happen. An abscess broke at the navel on the twenty-ninth day; and a large quantity of matter was discharged: this relieved her of all her pains; but every now and then when the dif. charge stopped, the tumour and pains return. ed, and were relieved by the matter forcing its way afresh, or dilating the opening. The discharge continued several weeks, by which she was much weakened: but at last she recovered.

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C A S E VIII.

As there are seldom Inflammations in the UTERUS without Obstructions of the LOCHIA, and feldom Ob-Aructions of the LOCHIA, but there must be more or less of an Inflammation of the UTERUS, they might be joined together: But as I have planned Cases to illustrate the first Volume, I shall for method's fake give fome in this place, as well as in the other. need in this way to the recenters.

In the year 1725, I was called to a woman on the ninth day after delivery of her first child. The labour had been tedious, but fafe; for three days she seemed to be in a good way; but her attendants imagining the ought to be supported with cordials, gave her punch for her common drink. This threw her into a fever, and produced violent pains in the lower part of the abdomen. The lochia were obstructed, and the pains grew very weak. I was told on my arrival, that the pains had begun to abate, and she was much better.

I found her pulse quick, low, and small, with VIIID

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with an intermission now and then; the abdomen much tumified and hard; a small difcharge on the clothes of a brown colour and cadaverous fmell. All thefe bad fymptoms shewed plainly that she was in imminent danger, and that the reason of her pains abating proceeded from a begun mortification of the uterus. The friends were much surprised when I told them of the hazard, for they imagined she was out of danger. In a few hours she was attacked with the fingultus, grew delirious, and died next morning.

As the cortex was not then known to be efficacious in mortifications, and indeed in this case, as proceeding from a violent inflammation, and not from weakness, I am afraid could have been of little fervice, I ordered some warm medicines and fomentations, viz. first warm stupes with the aromatic herbs, and a large epithem of Theriac. Venet. applied to the abdomen; and internally a mixture, four spoonfuls to be taken frequently, of Aq. Pulegij.

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and hour after their her, the was token with violent prins in the abdement and a cete find tra ton behavious shomets doubt no apparent here to bed. She then gave her forde agrancaudic covered to a michaelizing of closics, and

Theriacalis, a Bij. Syr. Groci. q. f.

ment of the weather, would infor elevine modA selectional and are delicated as a C.O.L.

COLLECTION XLI.

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[Vide Vol. I. Book IV. Chap. 1. Sect. 2.]

NUMB. I. CASE I.

ATTENDED and delivered an officer's lady of her first child. The labour was fafe and eafy; but I was furprifed when I vifited her next day, to find her up and dreffed. I entreated her to undress and go to bed, that she might get into a breathing fweat as foon as possible; and I enlarged upon the bad confequences that would follow this misconduct. She had heard at fecond hand from gentlemen in the army, of women delivered in the camp, and on a march, who nevertheless recovered very well; and she declared, that as she was resolved to follow the camp, she defigned to use herself to that way of life. I told her, that although some might escape in cases of extreme necessity, yet many no doubt had fuffered on fuch occasions; and I observed, that women used to hard labour, and the inclemency of the weather, would fuffer less than those who were bred more delicately. About an hour after I left her, she was taken with violent pains in the abdomen, and a cold shivering; on which the nurse undressed and put her to bed. She then gave her some warm caudle, covered her with a heap of clothes, and fent

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fent for me. By the time I arrived she was thrown into a plentiful sweat, and the pains had abated. I defired the nurse, when the pains were entirely gone, to take off fome of the superfluous clothes; but to continue enough to keep her in a breathing fweat. This management of the nurse prevented any bad accident, and the patient recovered very well; but was fo afraid, that I could fcarce perfuade her, even after the ninth day, to get out of bed.

CASE II.

A foldier's wife, who is now a widow, and nurse in London, told me that she was delivered of a child in a wood at Dettingen, in time of an engagement; after which she was carried in a cart with others, in a rainy night, feveral miles. By the cold and fatigue fhe was thrown into a fever, and became delirious for fome days; yet recovered, though with great difficulty. Vide Collection XXXIII. No 2. Cafe 10.

o buil a liniersmib a discort CASE III.

In the beginning of my practice, I was fent for in a cold frosty night, to a poor woman at some distance in the country, who had been fafely delivered. As the was excessively cold all the time of labour, from the badness of the house, the want of clothes, and necessaries of life, I gave her husband some money to go to an alehouse at a mile distance, and bring from thence fomething comfortable. I left directions

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The fellow got drunk, and did not return for feveral hours. I was told afterwards that the cold and shivering continued, and the poor creature died next morning.

Indeed, as there was little or no fuel for fire, both the midwife and I caught severe colds; for it was a lone house, and at a distance from

any inhabited neighbourhood.

C A S E IV.

The Effects of hot Air.

Some years ago, when the fummer was uncommonly hot in London, I was called to a patient in labour. There was a fire in the room, which was fo hot and fuffocating, that the woman and attendants and myself were fearcely able to breathe. I immediately ordered the fire to be extinguished; the windows and door of the room to be set wide open, and some of the clothes to be taken off the bed. The ignorant nurse had demanded a fire to warm the clothes or clouts, and put as many blankets on the bed as were used in cold weather. As she imagined warm and nourishing things were best, she had also mixed plenty of wine and spicery in the caudle.

When I examined, I found the labour pretty far advanced; but my patient was very hot, having a quick full pulse, accompanied with a

great drought.

Being afraid of the bad consequence of these violent

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violent fymptoms, I immediately ordered twelve ounces of blood to be taken from her arm; and directed her to drink barley-water acidulated with juice of lemon. The fymptoms abated, and she was fafely delivered in about an hour after my arrival. The discharges being in a fufficient quantity, I ordered her to be kept quiet, and to drink plentifully of barley-water without the lemon. The room being now pretty cool, the window was flut, but the door left open.

Next day, as it was still scorching hot, I ordered a window towards the north to be kept open, fome mallows were strewed in the room, and placed on the tables and drawers; flowers were fet in pots, and these were sprinkled every now and then with cold water. The patient being still hot and dry, and the pulse a little quick, I defired her to continue the barleywater for drink, and also to take between whiles some water-gruel, with a very little white wine, and toalted bread for nourishment. By this method the fever was abated, and fhe recovered better than I expected.

During the fame tract of hot weather, I attended feveral patients in labour; and the fame cautious methods being used they all recovered. I remember, by way of precaution, I ordered each of them to lose about fix or eight ounces of blood, to keep moderately cool, and take a light diet, more or less, according to their different constitutions: these measures ferved also to prevent profuse sweats, such as happened in the following cafe.

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ABOVE 30 years ago, when I lived in the country, I was called to a woman on the fourth or fifth day after delivery of her first child. The weather was hot; by which, and too hot a regimen, she was thrown into profuse sweats. The discharges had been in the usual way for the first two days; but now were entirely stopped, and her breasts quite flaccid: both the milk and discharges seeming to be carried off by the excessive sweating. Her pulse was low, and her spirits were much funk. I called in another gentleman in this uncommon case. We ordered small quantities of the Spir. Mindereri, with nitrous medicines, and a nutritive diet. Her body and extremities were firmly compressed with linen waist. coats and rollers; but all was to no purpose; she at last grew comatose about the ninth day, and expired.

NUMBER II. CASE

With respect to Eating and Drinking.

IT is really surprising to see the follies of ignorant midwives and nurses in their opinion about eating and drinking; from the excess of which many poor women have lost their

I was called foon after I fettled in London, by one of the first-rate midwives, to see 2 shopkeeper's wife whom she had delivered the night before. I found her pulse quick; she had 4

had enjoyed little or no rest, and complained that she had an uneafiness and load at her stomach. The midwife told me she had eat nothing but her chicken; and that was her usual way with all her women, to fill up the emptyness in her bowels, and keep the wind out of the stomach. I found the patient was naturally of a delicate constitution: I said nothing then; but ordered her to drink frequently a little barley-water instead of strong caudle, and prescribed an emollient glyster, and these had the good effect to empty and affift digeftion. I afterwards argued privately with the midwife on the fubject; and she was convinced, from what had happened, that the complaint proceeded from the patient's being forced to eat against her inclination. I told the midwife, that the method might do with fome who had a good appetite: and indeed fome of my patients have complained of being exceffively hungry after delivery; and these I have allowed to eat more or less of a chicken, or of other food of easy digestion, and they were not the worse; but to those who had no such craving, I found caudle and broth with bread were better, and fat easier on the stomach.

CASE II.

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ERRORS are also frequently committed in the article of drink. Many midwives imagine, that women in labour, and after delivery, ought to have strong cordials to affist and support them; such as strong waters distilled from spices and spirits, together with brandy and wine.

wine. I shall give one fatal instance of a case of this nature, which may be fufficient to deter midwives from fuch practices. Many years ago, I was called in the country to a friend of my wife's, who had been fafely delivered about three days. When I arrived, they told me she had been in a great fever, and had violent pains in the abdomen for two days: but that now she was much easier. I inquired particularly, and found that during labour, and ever fince, her drink had been mostly warm punch; three parts water, and one of brandy. She had an intense heat on the skin o her arm; her pulse was quick, low, and intermitting. The pains, from being violent, were fuddenly abated, and indeed quite gone. I then told the friends, that, far from being better, she was in the most imminent hazard of her life: that there had been a violent inflammation of the uterus; and that the pains abating on a fudden plainly indicated, that an incurable mortification was come on; that as her pulse had begun to intermit, the would foon grow delirious, and die in a few hours. My prognostic was verified to the great furprise of all prefent.

NUMB. III. CASE Relating to Sleep and Watching.

Ir was formerly counted dangerous to allow women to fleep immediately after delivery; but for my part, I always found it of great ferto and during continue with practy and

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erice placed right in bed. A patient whom I had delivered, after a tedious labour, inclined to fleep; but the nurse and attendants resolved to keep her awake, by reading old romantic stories. I told them that any danger from fleeping could only exist when there was a violent flooding; but as that was not the present case, it was a pity to baulk her inclination. However, as they were fo much afraid, I promised to stay by her with the nurse. She accordingly slept found for two hours, and was much refreshed when she awoke. I have had many such battles with the affiftants; but always found that the sooner the patient fell into a sleep the better she recovered; and indeed, when ever they could not procure natural fleep, and their pulse was not very quick, I always ordered an opiate.

CASE II.

I was called by an apothecary to a patient who had been delivered the day before: she had got no rest, and complained of great pains in her bowels, which did not seem to be after pains. It was her first child. She had no stoppage of urine or symptoms of a fever. She begged of me, if possible, to relieve her; but at the same time not to give her any preparation in which there was opium. I told the apothecary, that as the pains were so violent nothing else could relieve her. He said, that opiates did never agree with her in her

former complaints, or make her fleep when restless. I answered, that I wanted only to ease the pain, and after that she would sleep of courfe; and that we must deceive her. I or. dered a draught with 30 drops of the Tind. Thebaic. I called next morning, and found her free from pain. She had enjoyed good rest; and said, that she had been in heaven ever fince she had taken the medicine. I have had many instances of the same kind, when opiates were administered properly, as mentioned in the latter end of the first volume. However, I have had also some few patients who were not in pain, but could not rest, and opiates did them no fervice; as in the following cafe. and a labour the bare and a farmer was tall leave

CASE III.

I ATTENDED an apothecary's wife in her first child. She was every way safe and easy after delivery; but could not sleep. I ordered a gentle opiate, which had no effect; but instead of composing, gave her a giddiness, and presented many spectres to her imagination, particularly the witches in the tragedy of Macbeth. I then ordered a bolus of Pulv. Castor. gr. v. and Sal. Vol. Cor. Cervi gr. iij. to be taken and repeated occasionally. This had the desired effect, by which she got good rest; and it was the only remedy that procured sleep in her succeeding deliveries.

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Wide No 1. Cafe 1. of this Collection.]

of an industry A woman of a healthy constitution, who had been delivered twice in the country, came to live with her family in London, when big with child. I was bespoke to attend her, and the was fafely delivered. I vifited her the fecond and third day, and found every thing in a good way; but was furprifed, when I called on the fourth, to find her up, and in her common drefs. She told me that fhe had fat up the evening and night before, and played at cards, and was to dine with the family; that he had done the same after her former labours, and recovered much better than those who lay in bed. I exclaimed against that practice, and told her that I had been called often to patients who had been thrown into violent complaints by getting up too foon; and I was afraid she might suffer sooner or later by being too forward. However, she persisted in her old way, and recovered exceeding well: but the next time I delivered her, she was on the fourth day taken with violent pains in the lower parts of theabdomen, which threw her into a violent fever. As I was engaged with another patient, I did not fee her till they fent for me on the fixth, when I found the pains and fever excessive. She was immediately blooded. Dr Shaw was called; and we ordered draughts with the R 2 Sal. Sal. Absinth. and Suc. Limon. also the common emultion with nitre. She grew delirious, the pain went off suddenly on the seventh, and she died the same night. Vide N° 2. Case 2 of this Collection.

One would be apt to imagine, that this fatal catastrophe happened from her constitution's altering and becoming more delicate by

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a city life.

CASE II.

ALTHOUGH, for the most part, the poorer fort of women, that are exposed to endure cold, fatigue, and hardships of all kinds, will recover by such hardy usage after delivery; yet I have been called to many, who have been in

the utmost danger.

A poor woman in St Giles's was delivered by Mrs More and some of my pupils, who gave her some money; which being soon spent in gin with her gossips, she went out begging with her child on the south day after delivery, was taken with violent pains and a fever that night, and with great difficulty recovered by blooding and antiphlogistic medicines.

to strain to role C. A.S E . III.

A poor woman of a strong constitution, was delivered by us three times, and escaped without any complaints, altho' she was out in the street begging with her child, and singing ballads

lads on the fourth or fifth day, with a man's coat on her back.

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I could give many inftances in which robust women, and those who have been bred hardily, will recover furprifingly; and also of such as are more delicately brought up, who, from a very small error in management, will be brought into great danger: but these are sufficient to illustrate what I have published in my first volume on that subject.

NUMB. V. CASE I.

Obstruction of Urine.

I was called by a midwife to a woman in the Hay-Market. The membranes had been broken many hours, and the head presented. She complained of great continued pain at the lower part of the abdomen, and it increased in time of a labour-pain, which obliged her to restrain the last as much as possible. After informing myself of everything relating to the patient, I found she had made no water for many hours; from which circumstance I concluded. that the foregoing pain must proceed from too great a distension of the vesica urinaria. I faid nothing to the woman; but bade her take courage, and told her I hoped foon to relieve her.

As fhe lay on her fide, I tried to introduce the catheter under the clothes; but as she thrunk from me, I was obliged to take the affistance of the light of a wax taper, and drew

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off a large quantity of water. The pain immediately went off, and she was delivered soon after. I have had several cases of the same kind, in which the women were relieved in the same manner. Sometimes I could introduce the catheter without inspection; but if I sound it not easily performed, I chose the former method, to prevent hurting and inslaming the urethra.

C A S E II.

I was called by Mrs Draper midwife, to a little decriped patient, on the fifth day after The labour had been tedious, and the had paffed urine feveral times, but with fome difficulty. At last it had stopped for about 12 hours, and fhe was in great pain. The catheter paffed with difficulty, from the parts being inflamed. She was relieved on the difcharge; but the obstruction returning, I was obliged to repeat the operation feveral times; and at last there was a large discharge of pus from the urethra. This reduced the fwelling, and carried off the preffure on the urethra, which obstructed the passage of the urine. fire action on au moitentien arth

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I was called to a woman, who had been, three hours before I came, delivered of her first child, about eight at night. She complained of excessive pain in the abdomen. Her midwife, Mrs Fletcher, was gone. I inquired of the patient if she had made water du-

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ring labour, and she told me she had made great quantities. I examined the abdomen. and found there was not another child, and the nurse told me that the placenta was all come off: I ordered an opiate, in hopes that it would relieve the pain, and called next morning when the midwife was prefent. patient was still in great pain, and had got no rest all night. I then said I was surprised that the complaint was fo obstinate, especially as fhe had paffed fo much water in time of the labour, and inquired if the had made any during the night. The midwife told me, that she was certain the had made no water all the time of her labour, which was very tedious, and that she had passed none since. I then found that the patient had mistaken the waters from the uterus for her urine; and that all thefe pains proceeded from the distension of the bladder. I immediately drew off a large quantity, as I remember, about five pints. She faid in time of the operation, when not above a pint or lefs was drawn off, that now she was as if in heaven, by being free from pain. I have had many fuch cases, in which I was obliged to draw off the urine feveral times before the patients could make water; but unless they were in great pain, I always waited to try what nature would do, fometimes to the third, or even to the fourth day, especially if they lweated much.

NUMB. V. CASE IV.

Costiveness.

It is a great happiness, if patients are coslive before delivery, that the child's head, as it is pressed down to the lower part of the pelvis, forces down before it the hard excrements which are contained in the rectum; by which means the patient has a plentiful stool. I have had many patients, however, who wanted relief about the fourth or fifth day after; this was easily accomplished by laxative medicines or suppositories and glysters.

I was called to a woman who had been without passage from her delivery to the seventh day. She had great strainings, but to no purpose. A glyster was tried to be thrown up; but it could not pass. A suppository was used, without producing the desired effect. About four spoonfuls of warmed oil were injected, which brought off some hard sæces: this gave room for another glyster, which relieved the patient.

CASE V.

Purgings.

A woman delivered all of a fudden in the feventh month. She was costive, and the child passed so easily, that she had no stool at delivery. As she was next day uneasy on that

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account. I defired the nurse to administer a glyster of water-gruel with a little oil; but without my knowledge she had put in a large quantity of falt. This gave her paffage; but at the fame time brought on a violent purging, which weakened her exceffively; but at last it was stopped by repeated opiates. All Dalb all the gravitable De

CASE VI.

I was called to another to whom a glyster of the same kind had been given soon after. delivery, which brought on fuch a violent purging as exhaufted her strength, and carried her off in five or fix hours, notwithstanding all the common methods were used to relieve her.

C A S E VII.

Vide Collect, xxxiii. No 2. Case 7. a woman, about the 18th or 20th day after delivery, when she seemed out of danger, was taken all of a fudden with a violent purging, which immediately funk her very low; this was foon checked: but then her legs began to fwell from their being again fo fuddenly emptied and weakened by the loofeness. Her stomachalso nauseated all food. Being called to her affistance, I declared her in great danger, especially as she was naturally of a weak conflitution; and I advised the friends to take the advice of a physician, as it was not now my province to prescribe. Dr Mead visited her next day, and ordered medicines to invigo-

rate the body, by quickening the circulation of the blood, and contracting or strengthening the fibres of the bowels, such as Confect. Cardiaca. Aq. Cinam. &c. Nevertheless the languor continued, and the fwelling in her legs increased with violent pains in them. At last the lower part of her belly and right side fwelled exceffively; and fhe died about fix weeks after delivery.

I could give more cases of costiveness and purgings; but I refer the reader to the direc-

tions in Vol. I.

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NUMB. VI. CASE I. Paffions of the Mind.

I ATTENDED a patient the night that the fire happened in Beaufort's buildings, and within a few houses of the disafterbour went on exceedingly well, and we kept her from the knowledge of the accident for some little time, until we had taken measures for her fafety, by having a chair in waiting, and a room prepared in a friend's house near Covent: Garden. At length the noise alarming her, I told her the affair, and that it was at a distance; and also that we had provided for her fafety: she seemed fatisfied; yet the pains immediately ceafed. And although the fire was extinguished, yet the pains did not return till fome hours after, when the was foon delivered, and recovered tolerably well.

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In the year 1751, I was called to Fenchurch-Street by one of my old pupils, who with an old midwife was attending a patient pretty much advanced in years, in labour of a first child. Every thing was in a right way for a fafe delivery; but as the case was tedious and lingering, both the woman and her friends were impatient, and had fent for an old blundering pretender in that neighbourhood, who told the patient, that she was in the utmost danger, if she was not immediately delivered. He faid he hoped he could fave her life, but the child was dead already; and he called in another midwife, who confirmed what he afferted. The woman's pains had been vigorous; but these dismal operations frightened her so much, that when I arrived they were quite gone off. After conversing with the patient, we (all five) went to another room, where the parties began to quarrel: I called the old bluftering practitioner afide, and told him my opinion, that the woman was in no danger; but by time and patience I hoped. would be fafely delivered. Nay, I threatened to have him called before the college if he infifted on any violent operation: then he quitted the house with his affociate. After this departure we had time to foothe and encourage the woman. As fhe had got little fleep, we gave her a draught with 30 drops of the Tinet. Thebaic. and the midwife delivered her fafely next day.

COLLECTION XLII.

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[Viae Vol. I. Book. III. Chap. 1, Sed. 3. and 4.]

NUMB. I. CASE I.

FLOODINGS.

TANY years ago, when in the country, I attended a woman in a tedious labour, who was at last safely delivered. A large discharge of blood followed the placenta, which did not abate as usual; but continued fo as to fink her spirits, and endanger the patient's life. Her countenance turned pale; and her pulse became low. I immediately gave her 15 drops of Liquid Laudanum, and applied clothes dipped in vinegar to the pudenda. The discharge diminished; but continued to flow rather faster than I judged was fafe in her weak condition. I gave five drops more in about half an hour after the first, which had the defired effect, by throwing her into fleep, and restraining the flooding. She recovered tolerably well; but was weak for fome time before she retrieved her wonted strength. The next time she happened to be in labour, she was excessively afraid of being again in the fame condition, and begged ! would order the same medicine by way of prevention. When I found the labour was pretty far advanced, and the os uteri dilated by the membranes, I gave her 20 drops of the Laud LiLiquid and before the delivery she began to dose a little betwixt the pains. She was foon delivered, and had a moderate discharge, which gradually abated. She afterwards fell into a found fleep, and recovered very well. I have had many fuch cases, in which I always found this method the most successful, when called in time, and when the veffels were not too much emptied.

CASE II.

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A woman whom I had fafely delivered, after a tedious labour, seemed to be in a good way, but of a weakly conftitution. I was called in a hurry to another patient; but before I left her the uterine discharge was sufficiently abated. I ordered a quieting draught to be taken if she did not soon fall asleep. In about an hour after they fent for me. When l arrived, I found the patient quite pale, with scarce any pulse. She had fainted several times. I was told by the nurse, that when moved to place her right in bed, she was taken all of a fudden with a violent flooding, to fuch a degree that it ran over the bed into the floor. I immediately ordered clothes dipped in vinegar and water, wrung out, to be applied; but while I was dropping some Tinet. Thebaic. into a cup with wine and water, the draught not being yet come from the apothecary's, she fell into another fainting fit and expired. Such fatal accidents feldon happen, except in extreme weakness of constitution, or from great floodings before, and in time of de-

386 CASES IN MIDWIFERY.

delivery. I regretted that I had not given her an opiate in time of labour, which I have fince found from experience to be the best method, to secure the patient from being attacked by fuch fatal discharges.

CASE III.

I was called by another gentleman, to affift in a case wherein the patient was in time of labour attacked with a flooding, occasioned by part of the placenta's being detached from the uterus. He had given her repeated reftringent draughts, with five drops of Tind. Thebaic. in each; but as they had not procured any inclination to fleep, I advised him to give her a simple draught with Tinel. Thebaic. Gt. xx. This foon had the defired effect; the flept found betwixt every pain, the flooding abated, and in a little time she was safely delivered. She had been much reduced by a flooding, was weak and low; but by her falling affeep immediately after delivery, the discharge was abated, and keeped within bounds. Vide Lamotte, Book 5. Chap. 4.

NUMB. II. CASE I. Relative to After-pains.

I was called to a woman foon after delivery, who was in great pain at intervals, and imagined she had another child to bear. I examined and felt the os uteri contracted; the uterus indeed selt larger than common when I examined the abdomen, but not so much as

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to induce one to believe it contained another fretus. The midwife and nurse affured me that the placenta came off without any violence. I ordered a composing mixture, with 30 drops of the Tinet. Thebaie. one half to be given presently, and the remainder by degrees, as there might be occasion to relieve the pains and procure rest. This was in the morning. and the weather was excessively cold. I called again in the evening; the was still in pain, but had dosed a little. She complained much of the coldness of her feet. I ordered hot bricks wrapped in flannel to be applied to the foles of her feet and the small of her back, which was also affected with a chilness. I also defired the nurse to put on more clothes on the bed, and give her some caudle as hot as she could drink it. She had taken all the mixture. and I did not choose to order any more, being in hopes that this method would throw her into a plentiful fweat, which would relax the fibres, and affift nature to discharge the coagulated blood, or carry off the spaims that might be the occasion of such violent afterpains.

Next morning when I visited her, the nurse told me, that soon after my directions were sollowed, the patient fell into a profuse sweat; a very large coagulum was discharged; the pains went off, and she had a good night's rest.

CASE II.

I ATTENDED a patient, whose child and placenta were delivered expeditiously and safe-

ly with a very few labour-pains; but foon after that she was attacked by severe after. pains. I ordered a composing mixture, as in the former case, to procure a breathing fweat as foon as possible. She got some rest. fell into a gentle diaphorefis, and fome fmall coagula were discharged; but after the effect of the opiate was over, the pains returned with great violence. She seemed to be in every other respect in a good way of recovery. As her pulse was rather quick, I did not choose to repeat the opiate; but to amuse her, I or. dered two spermaceti draughts, as she called for them. When I repeated my visit in the evening, the violence of the pains still continued: yet although she had not slept, she had undergone a gentle perspiration, and her pulse was become more moderate. I then prescribed a simple draught with Tinct. Thebaic. Gt. xx. the pains abated in the night, but returned in the morning, and grew more violent in the evening. The last draught was again repeated, and administered the night following. The pains went entirely off on the fifth day, without any more clots of blood being discharged. Of these two cases, the first seems to have proceeded from coagulated blood, and the last from periodical spasms or irritations; for the common discharges were in the usual proportion. I have had many fuch cases; but feldom many fo violent.

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COLLECTION XLIII.

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[Vide Vol. I. Book IV. Ch. I. Sect. 5. and 6.]

NUMB. I. CASE I.

The Lochia obstructed in a Woman delivered by Mr.
Mudge.

Vide Collect. xviii. No 6. Cafe 3.

H E ordered her, after delivery, to take fome of the nervous medicines. He was informed next morning, that she had none of the fits; but she feemed to be in a comatose state. She had taken the medicines two or three times; but continued in much the same way, till towards evening, when she grew more sensible and spoke.

As she would not take caudle, he ordered mutton-broth. When he called next morning, he was told she had rested little all night, that the lochia had stopped, and the patient was delirious. He prescribed a fotus for her belly, and \ni i. of Pulv. Troch. de Myrrh. About noon the delirium increased, and her pulse grew very high: he then bled her largely at the ankle, and applied a blister to each leg. An emollient glyster was injected with the addition of 30 drops of Ol. Succin. and he directed

rected that she should swallow a slight anodyne draught after the operation of the glyster next

morning.

He found her quite insensible. Her pulse, however, was more moderate; she had no discharge with the glyster, but had made water plentifully. The blifters rose well; but as there was not the least appearance of her lo. chia, he ordered her to take the same quantity of the Troch. de Myrrh. with the former ner. vous mixture, every eight hours. The abdomen all this time was unattended with tumour or induration, or any other symptom that indicated the least tendency to inflammation. In the evening she seemed rather better; at night much mended, and she slept tolerably well. Next morning he found thefe. ver entirely gone off, though the still rambled in her discourse. In this way she continued near a fortnight, having no manner of fever, till at last by insensible degrees she became more fensible; but the disorder left a pain in her head, which she did not lose for some time. He observes, that the delivery was the only expedient for carrying off the convultions, and that he had a case eight months after, wherein the lochia stopped in about eight hours after delivery, without ever returning, although he used all the means he could contrive to bring back the discharge, yet the suppresfion was followed by no bad fymptoms of any kind. A silbon andre 40 de cremente

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CASE IL.

obstruction of the Lochia from Mr Mudge, Plymouth, Collect. XXXV. Supplement to Case XV.

AFTER the delivery of the child and placenta, the woman's belly remained very tumid and tender. In about fix hours the lochia stopped: the pulle was very quick, and the countenance florid; the pain and tenfion of the belly increased. She had some disposition to fweat; but all that could be done, could not induce her to keep her hands covered to encourage the diaphorefis. He ordered ten ounces of blood to be taken; a fomentation in a hog's bladder to be applied to the abdoemn; an emollient glyfter to be injected, and 3j. of Ol. Amygd. to be taken once in fix hours: but all was to no purpose; the fwelling increased, the pulse grew small and quick, the extremities cold and clammy, the uterus no doubt mortified, and the woman died in about 30 days after delivery. She had, it feems, three weeks before delivery, exerted her strength beyond measure; she then found the child as strongly convulsed, and never perceived its motion after. About three days before delivery, being of a masculine disposition, she afeended a church tower, where the rung one of the bells, and had very near knocked out her own brains.

Mr Mudge observes, that he has been called to 20 preternatural cases among poor women, for every four he has attended among

persons of higher rank; and thinks this difference may proceed from the poor being more liable to accidents in consequence of hard labour, and the various risks they run.

CASE III.

Management of the Patient after Delivery, brought from Collect. xxxii. Case 16. Mr AYER.

WHEN I called the day after, which was the third, I found her pulse low and quick, attended with a great drought, her skin dry and hot. She had the evening before taken one of the bolufes and draughts; had flept little, and her flumbers were much disturbed and broken. She complained that her head was pained and giddy; a circumstance which, as she was so weak, I imputed to the opiate, which was scarce half a grain. She told me that no kind of fleepy medicines ever agreed with her constitution. I ordered her to be kept as quiet as possible, to drink frequently of barley-water to affuage her thirst, with now and then a little caudle; and at the fame time prescribed the following draughts to promote a diaphoresis, and a better discharge of the lochia.

B. Pulv. Contrayerv. gr. xxv. Castor. Opt. Selis Succini a gr. v. Aq. Cinnamom. simp. 3ij. Sacch. Alb. q. s. f. f. Haust. 6. quaque hora sumend.

4. She had got better rest this night, and there was a larger discharge of the lochia; but the pain of her head continued; she also complained

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plained of pain in the lower part of her belly, with difficulty in making water: but on examining, I found her belly soft, no swellings on the external parts in the vagina or the os internum. She had not sweated; and her skin was dry and hot, with a quick low pulse as before. In these circumstances I thought proper to proceed in the middle way, neither to order any medicines to raise the sever too high or sink her too low. She was prescribed the following:

R. Sal Absinth. 38. Suc. Limon. 38. Aq. Alexit. fimp. 3is. Pulv. Contrayerv. comp. 3s. Sacch. Alb. 3s. f. Haust. 6. quaque bora sumend.

B. Aq. Cinnamom. fimp. 3ivs. Alexit. Spirit. cum Aceto. 3j. Syr. Caryoph. 3s. M. Sumat. Coch. ij. in Languor.

5. The above were continued, and a cerate was ordered to fosten and relax the hardness and pains of the breasts.

B. Sperm. Ceti zij. Ol. Amygd. zii. Cera Alb. zvi. fiat Cerat. extend. fuper alut. mammis applicand.

Her breasts were also sucked with glass pipes,

but would yield no milk.

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All along she got but little sleep; her skin grew hot and dry: she had a great drought, and drank plentifully of weak caudle and bar-ley-water. She complained of pains in her stomach and head; her pulse was quick but very low. The lochia were moderate. As she was weak, and had a sufficient discharge of blood at her delivery, I durst not venture to order

order bleeding, although the had a difficulty or oppression in breathing; neither would a venture to order opiates internally, but present bed the following epithem.

B. Ol. Caryoph. 38. Theriac. Androm. 3ij. M. pro Emp. region. Stomach. applicand.

6. Finding all the complaints increased, and also the lochia much more diminished, I advised calling in more affistance; when Dr Wasse was sent for, who ordered the following:

B. Pulw e Ghel. Cancr. gr. xv. Groe. Pulv. gr. iv. Syr. Balf. q. f. f. Bol. hac notte fumend. cum

Hauft. fequent.

B. Sperm. Ceti Ji. folv. in Vitell. Ov. q. f. Lac. Ammon. Elix. afthmat. ā zij. Aq. Alexit. simp. Ziß. Syr. Bals. zii. f. Haust. Repetatur eadem Bolus mane cum Haustusequent.

B. Sperm. Ceti Ji. in Vitell. Ov. folut Aq. Alexiter. fimp. 3is. Theriac. 3iij. Lac. Ammon. Syr. Ball.

ā 3ij. M. f Hauft.

7. Her looks were wild, her sleep was diffurbed; and she had all the symptoms of a beginning delirium.

Mittr. Sanguis e Brachio ad žix. statim. B. Spern. Ceti 3B. solut. in Vitell. Ov. q. s. Ol. Amygl. d. Syr. ex Althwa ā 3ij. Sal prunell. 3B. Aqua Alexit. simp. žiB. Sp. C. C. gutt. vii. f. Haust quarta quoq hora sumend.

B. Decoet. Gum. Arab. in Aqua. hordeat faet. Wij. f. Emulf. ex Amygd. dul. & Sem. 4. frigid. Sal Prunell. 3iB. Syr. Dialth. q. f. M. Bibat propote

tepefact.

She grew delirious, her fkin was dry with an intense heat, the pulse quick and low, difficult ficu had num or o

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ficult respiration, the lochia entirely obstructed; had sometimes violent pains at the os externum, but no swelling or hardness of the belly, or on these parts.

8. She had cooling glysters injected, which

operated; fuch as,

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Docoet. Commun. pro Enem. 3ix. Sal Glaub. 3i. Ol. Oliv. 3iv. Syr. Rofar. folut. 3is. f. Enema statim injiciend.

The draughts and emulfions were continued; and the following were prescribed,

- B. Sal. Absinth. Ji. Suc. Limon. 36, Aq. Alexit. Sp. cum Aceto, 36. Simp. 3js. Pulv. e Chel. Cancro. Jj. Sal Prunell. gr. xiv. Syr. Groci 3iij. f. Haust. 6ta quaq. hora sumend. Applicatur vesicator. inter scapulas.
- 9. The delirium increased with all the other symptoms, and seemed now to be a nervous sever. There was no hardness or inflammation about the uterus or hypochondria; the draughts and emulsion were continued, and the following ordered.
 - B. Aq. Alexit. simp. 3vi. Alexit. Spir. 3js. Tinel. Valerian. Volatil. 3is. Murgarit. p. pt. 3i. Syr. Bals. 3s. f. Julep. Cap. Coch. ij. vel iij. in languoribus.
- to. She was now much weaker and insenfible, with a tremour of the tendons; the pulv. Contrayerv. comp. was added to the draughts.
 - B. Pulv. e Chel. C. comp. Ji. Sal Succin. vel Croc. a gr. iv. Confect. Ralegh. JB. Syr. Croc. q. f. f. Bolus 6ta quaq. hora fumend. cum Coch. iij. Julep. seq.

B. Aq. Cinnam. Alex. simp. ā ziij. Aq. N. M. ziij. Sp. Sal. Vol. Ol. zj. Margarit. p. pt. zij. Syr. Croci zß. Cap. Coch. iij. in languor. Repet. Enema. Applicatur Vesicat. collo ad utrumque latus, pone aures usque ad claviculos.

the other cordial medicines continued, with the addition of the pectoral decoction. Two plaisfters as follows were applied to the feet: Plantis Pedum Emp. Ceph. et Emp. Veficator. a part. equal. She died on the twelfth day after delivery.

The above journal is inferted to show the formulæ of prescriptions used in such extraordinary cases. But those medicines are not to be prescribed indiscriminately by young prastitioners, without proper advice of the more ex-

perienced.

NUMB. II. CASE I.

Complaints from Milk.

A PATIENT after the delivery of her first child attempted to suckle the third day, when her breasts began to be a little turgid with milk; but the child would not fix its mouth to the nipple. When I called the following day, the nurse told me she had no nipple. I examined, and could not observe any thing but the seeming vestiges where they ought to have been. The woman confessed, that when a young girl at boarding-school, she and her companions had imagined them to be warts, and pulled them off. She was obliged to give up the

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the fuckling; but the breafts being turgid and painful, I ordered a poultice of bread and milk to be applied; and endeavoured to procure a breathing fweat by keeping her warm, and directing her to drink plenty of caudle. Next day she was easier; she had sweated excessively; her breafts were fofter; and although the nipples were gone, the milk had run out, fo that the pulling off the nipples had not entirely obstructed the ducts. She complained of an itching and roughness about her neck and arms; and on infpection I found them to be of the miliary kind. She had got up, and the sweating was gone off. I ordered her to bed. and drink some of her caudle, and to keep in a gentle breathing fweat; but not to excess as before. I also directed them to renew the poultice to her breafts. Her pulse was regular : he had gone to stool, seemed every way easy, and had a plentful discharge of the lochia. Next day she wanted to get up; but I advised her to keep in bed, on account of the eruptions which were turning scaly. The milk coninued to run out. About the seventh day she had three loofe stools, which carried off the milk without having any bad effect, and she recovered very well. The next time I delivered her, she tried again to suckle the child; and, to my furprise, the child fixed to effectually on the parts, that it actually formed large well-haped nipples, and she nursed that and two more, before I retired from practice. Vol. III. S CASE I DELIVERED a woman of her first child, who tried to suckle, but could not get the child to take the nipples; they were very small, and the child was weak. Her breasts grew excessive hard and inslamed: they were somented, and cataplasms applied. She was kept in a gentle breathing sweat, a nurse was procured, who had a stronger child of a month old, who suckled the patient while the nurse suckled her child: by this method the breasts were gradually emptied; and she recovering, afterwards suckled her own child.

CASE III.

I ATTENDED another patient who was much in the fame condition every way: the fame method was used, but to no purpose. One of the breasts ran out, but the other inslamed to such a degree, that at last an imposshume was formed; this was opened by a surgeon, and discharged so great a collection of matter, that it weakened the patient, and threw her into an hectic sever; but she was recovered by going into the country, and drinking assessmilk.

blide all IC A SE IV.

THE woman had received a blow on one of her breasts a little before she was delivered, which gave her some pain, and occasioned a swelling and hardness in the glands. The pain gradually abated; but the hard tumour still remained. After delivery, she tried to suckle COL

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as formerly (having had feveral children), but could not in that Breast. Every method was tried to discuss the tumified glands, but to no purpose. The swelling at last grew larger and harder, the inflammation increased, and turned cancerous; and at last destroyed the wohe dell need the medice income and but

COLLECTION XLIV.

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[Vide Vol. I. Book IV. Chap. t. Sect. 7. and 8.]

Of a PROLAPSUS VAGINE, UTERI, et mon made tobald Rectr. boctoca initialities cobability with their builtands. After the occ.

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THIS misfortune happened to a woman foon after a tedious labour, which gave her great pain: a round middle-fized peffary was introduced, and turned fo that the lower edge rested at the lower and back part of the vagina, betwixt the os externum and fundament, while the upper edge was supported against the infide of the os pubis: the mouth of the womb lay against the lower edge of the mund hole of the peffary: this kept up the uterus and vagina, and relieved the complaint. Two or three months after she fell with child: and when five months gone the peffary was taken out, because it was thought needless to keep it there any longer, especially as the uterus

terus was so large as to be supported by the upper part of the pelvis. The peffary, instead of lying in the same position as when first introduced, was found lying up along the backpart of the vagina, which it kept up; and the mouth of the womb hung down on the forepart of the peffary. This circumstance gave the first hint, that a pessary introduced, and laid in this position, was the best method for keep. ing up the uterus; for if the vagina is kept up, the uterus must in consequence be kept up alfo. The upper part of the vagina is attached round the lips of the mouth of the womb; and as the uterus naturally finks down into the vagina, one great advantage to married women is, that this method does not hinder them from cohabiting with their husbands. After the peffary was withdrawn, the prolapfus of the vagina returned, and occasioned the former uncafiness. It was again introduced, and laid up along the back-part of the vagina, as in the last method, which kept up the vagina as before, until she fell in labour, and then it was forced out at the beginning of the pains. She was at last safely delivered. The vagina on the fore-part, at the os pubis, was very lax, and came down before the head of the child; but by cautious management it was kept up till the head came along, and then it was flipped behind the same. She continued to recover very well till after the fifth day, and fuckled the child; but an accident happened in the family, which threw her into violent agitations; a vomiting and loofeness enfued;

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fued; the lochia and milk disappeared; and she died in five days after, though the vomiting and diarrhæa were restrained in two days.

CASE II.

Of a PROLAPSUS UTERI, in a Woman with Child, delivered in the middle of the seventh Month.

A middle-aged woman had a prolapfus uteri. She had been formerly delivered of a child or two at the full time, and after that miscarried twice, about the third month each. She again was pregnant; and at the end of the fecond month had a fmall discharge of blood from the vagina. She was blooded, and kept her bed several days, by which it was restrained. The fame discharge returned the third and fourth month; at first in large quantity, but the last very inconsiderable. Being called to her a fortnight after, or about the middle of the fourth month, I found her in violent pain. On examining, I found the uterus was pushed entirely out of the os externum, bigger than a man's fift. This had been occafioned by a violent fit of coughing. The vagina felt as if it was about an inch protruded before the os internum; and all the vagina appeared to be inflamed and fwelled. I introduced my finger at the protrufion of the contracted vagina, which was just large enough to receive it a little way: but I could neither distinguish the os internum, or any substance contained in the uterus. It might have been S 3 the

the os internum opened, but of this I was un. certain: from hence it seemed probable that the was not with child. The prolapfus was reduced with fome difficulty: two days after 2 round middle-fized peffary was introduced, and fixed up along the back-part of the vagi. na; so as that the upper part of the vagina and os internum hung down before it. She had before this period, for two or three months, a large discharge to the appearance of the fluor albus, and the uterus had prolapsed in that space three or four times; but being then fmaller, the could eafily reduce it herfelf. It being uncertain whether she was with child or not, although from confidering all the former circumstances, the last seemed more probable, it was resolved to order only a cooling regimen, with fome faline draughts and nitrous medicines, till the next period. By these means the cough and discharge of the fluor albus were removed; she seemed to be perfectly easy, and was allowed to walk about in the house. At the end of the fourth month, the had to appearance a regular discharge of the menses: the mouth of the os internum felt swelled and more shut; a circumstance which made it almost certain that she was not with child. Being fent for in great hafte, about the middle of the feventh month, I found she had regular labour-pains; the os internum was fo open, that the membranes, waters, and head of the fœtus were regularly felt; and there was no discharge of blood. As the os internum, though a little open, instead of being thin

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or foft, felt thick and hard, it was adviseable to order first bleeding to the quantity of eight ounces, after that two emollient glyfters were administered, which discharged a large quantity of fæces, and then an anodyne draught was given of Aq. Cin. ten. & Syr. e Meconio.

The falt of wormwood draughts were repeated with a cooling regimen; fuch as panadas, weak broths, emulsions with Sal. Nitri. and boiled chicken. The pains went off for 24 hours, after which they returned; the os internum now felt much more open and foft; the membranes were pushed down with the waters. It was then more proper to let the labour go on. The foetus was foon delivered : after which there was some discharge of blood. No violence was used to bring away the fecundines. As the placenta separated from the uterus, the discharge increased, but not to any large quantity; and in three hours the fecundines were forced through the os internum into the vagina. By pulling foftly at the funis, and at the edge of the placenta with two fingers, they were easily extracted. She recovered very well. She had for two days fome difficulty in making water, but that complaint went off. The child was very small, and was reared with great difficulty. desting out to district order order to the of appried the friends of the fire of the

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CASE III och ober

Inversions of the UTERUS. IS ON! ADDE

her meighbour. I confermed an MR Giffard, in his Cases of Midwifery, S 4 p. 176, p. 176, mentions a delivery in which the utes rus was inverted, and drawn out beyond the labia pudendi, with the placenta adhering to it.

Mr Chapman, p. 197. case 29. has a case alfo of the inversion of the uterus.

Monf. Lamotte, lib. 5. chap. 10. and 11. deferibes an inversion of the uterus and re-

laxation of the vagina.

I was called to a woman, who died before my arrival: I found the uterus inverted: pulled quite without the external parts, and the placenta adhering firmly to the fundus. This misfortune was occasioned by the midwife's pulling at the placenta with too great force. I to agree the series as the series ability soil a bill would under at hills know one of the

CASE IV.

Case of an inverted UTERUS, from Mr Lucas; dated Pontefract, December 1759.

IN April last, I was called to a woman just delivered of a live healthy child; and to my furprise found the uterus totally inverted, lying betwixt her thighs, of the fize of a large foot-ball.

The woman's pulse was weak and unequal, and there was a continued pouring forth of blood from the veffels of the uterus.

I apprifed the friends of the great danger of fo deplorable a case. Nevertheless, with the approbation of a judicious physician her neighbour, I undertook and succeeded in the reduction; and afterwards gave her Del di

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gentle anodyne and cordial medicines, and left her in appearance better, and tolerable easy.

In about half an hour I was again called, and found her speechless, the pulse imperceptible, clammy sweats, respiration deep and slow, and in a few minutes death closed the scene.

All the parts were fo lax, that the uterus had not the power of contraction; for it was lying like a loose piece of tripe, and taken for an excrescence, till I examined it more strictly, and after separating the placenta, reduced it into the abdomen.

A Supplement to CASE II.

APROLAPSUS UTERI, which could not be reduced; but mortified. In a letter from Mr OAKLEY of Birmingham, dated 1757.]

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I was lately called to a woman near this town. I found her in bed, and she gave me the following account of her case. That assisting her husband in lifting a weight that assistence, she felt a lump fall out of her body. On which she fent for a midwife, who endeavoured to restore it into its place; but not being able to reduce the same, advised to send for me. Upon examination, I found the uterus out of the os externum, about the size of a large man's sist, hard, and the glands scirrhous, each having the exact appearance of a garden-bean. The patient was low and faint,

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had but little pains. As reduction was im. practicable, I immediately directed emollient and discutient fomentations with poultices: and after some days bled her in a small quantity, for the was too weak to bear the loss of much blood. Her body was kept open, and when restless with pain quieted with opiates, Notwithstanding which, it increased in fize, and after three weeks discharged a thin ichor from its whole furface, and in about fix weeks the patient died.

I should take it as a very great favour to have your opinion about extirpation by ligature, which I think might have been easily done, and which I proposed to the patient; but she would not submit to the operation." My opinion was, that I could not refolve his question, as I never had any case in which it could not be reduced; but, no doubt, when a gangrenous appearance begins, and there is no hope of the reduction, what he proposed should be attempted to save the patient's life; but fuch operations should not be attempted without the concurring approbation of experienced furgeons; nor should it be undertaken but when the patient has strength, and the gangrene is only begun at the lower parts, and not advanced above the parts that are to be separated. Mr Girle of St Thomas's hospital once appointed the pupils to attend the amputation of the uterus; but, luckily for the patient, it was reduced the night before. THE CASE

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Prolapfus of the RECTUM.

A Woman, in whom the hemorrhoidal veffels were much tumified, painful, inflamed, and forced out to a large fize, in time of labour. After a pain was over, I reduced them, by lubricating and forcing them gently up within the sphincter ani; but next pain they were again forced out. I reduced them a fecond time, and kept them up with a thick compress pressed with my hand against the part every pain; but when the head of the child was forcing down to the lower part of the pelvis, they were again protruded, with a large quantity of hard excrement; and it was impossible to reduce them till after the child was delivered. After delivery I again replaced them, and the pain of these parts abated; but next morning, when she strained to make water, they were again forced out; on which I was immediately fent for, and reduced them as before. As I expected this would happen every time she strained at stool, or in making water, I directed the nurse how to reduce them: the accordingly affifted her occasionally in this manner, till near the end of the month, when the fwellings fubfided, and the complaint went off.

CASE VI

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I was called by Mrs Blackwall, to a woman in whom the child prefented wrong; but I de-

livered her with fafety. Next morning I found the patient in excessive pain, which she told me proceeded from the piles. When I examined, I found the lower part of the rectum pushed out, and so swelled that I could not reduce the parts, though it was lubricated, and I made several gentle efforts. I then ordered the part to be fomented, and warm flupes to be applied. The fomentation was composed of a decoction of the emollient herbs, in which were mixed some vinegar and spirit of wine. After the fomenting and stuping, I again lubricated the prolapsed and swelling parts with warm oil, and at last got them reduced, tho' with a good deal of force. I directed the nurle to use the same method, if they should again come down on firaining; however, the patient recovered without another prolapse after this reduction.

This case was a caution to me ever after, when the intestine was fallen down, always to reduce it; and after delivery, or if I felt no fuch complaint in time of labour, to examine these parts. This patient had been in great pain all night without enjoying any rest, so that she had all the symptoms of a violent fever. However, as the had loft an extraordinary quantity of blood in the delivery, I hoped that now, as she was relieved of the pains which occasioned these symptoms, the fever would abate. This accordingly happened; and she recovered better than could have been expected. o see COL

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COLLECTION XLV.

IMPOSTHUMES.

[Vide Vol. I. Book IV. Chap. 2. Sect. 1.]

NUMB. I. CASEI.

A CHILD being delivered after a very tedious labour, the head had been moulded into an oblong form; and on the apex or crown there was a large tumour, about the fize of the half of a goose's egg cut through in the middle: this alarmed the mother. I ordered a compress, dipped in oil, vinegar, and spirits, to be applied to the part, and to be renewed every time the child's head was dreffed; or twice a-day. On the third day, I found a fluctuation, and ordered a poultice to be applied of bread and milk, with a little oil mixed in it, to prevent its turning dry and hard, and to be renewed two or three times a-day. The tumour gradually fubfided, the fluctuation of the extravalated fluid diminished, and was quite gone about the feventh or eighth day.

I have had many fuch cases, which were generally in a few days discussed, much in the

fame manner.

CASE II.

ANOTHER child, from the same cause, had a large tumour on the crown or apex, but a little to the right side: it had continued for several days; an emollient cataplasm had been applied; it broke of itself, and discharged a large quantity of bloody serum mixed with pus. The child was weak and low, and another tumour formed behind the ear; when I was called. The cataplasm was applied to that also; and as soon as there was a succutation felt, the tumour was opened with the lancet, which discharged a thin pus; but the large discharge of both (although the child sucked its mother) reduced it so low, that it expired in a few days.

This was the only case that I have seen of this kind, and it made me careful afterwards of such complaints, so as either to try to discuss the tumour, or prevent the extravasated sluids remaining too long undis-

charged.

CASE III.

A child, on whose head a tumour of the same kind as in Case 1. was observed after delivery. The same methods were used; but the sluctuation did not diminish, and the hairy scalp began to feel thinner. About the sixth day, I made a small opening with the point of the lancet on the basis and back-part of the tumour, which discharged about a spoonful of a ferous sluid. The tumour subsided. I applied

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a compress dipped in the mixture mentioned in Case 1. and by gentle pressure the scalp and parts below joined or consolidated to one another.

CASE IV.

A case of this last kind, as in Case III, happened, where one of the gentlemen that attended me was called. He felt a large fluctuation, on which poultices of bread and milk were applied warm from time to time; but this method not fucceeding, he had recourse to me, I was then fo engaged that I could not go to fee the patient; but advised him to make the opening as in the foregoing case; but to his great furprize a large quantity of blood was discharged. He immediately applied a dry compress and bandage to restrain the hæmorrhage; but it continued, and destroyed the child in a short time. In my practice I never had occasion to open above three or four of these tumours, and the expedient always succeeded; but this case rendered me more cautious in the fequel. Vide a case in which the anus was imperforated.

From MAURICEAU.

In the 213 page and 237 Obf. he mentions having feen a child that had been born fifteen days, which had a great tumour upon the upper part of one of the parietal bones, full of matter, which discoloured the kin. However, he recommends (in order to

412 CASES IN MIDWIFERY.

prevent the abscess) compresses of linen dipped in brandy, &c.

NUMBII. CASE I.

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DISLOCATIONS.

MANY years ago, when I was in general practice in Scotland, I'delivered a woman by turning the child, and extracting it by the feet. Vide Collect. XXXIV. No 2. Cafe 10. p. 208. Both mother and child appeared in a good way. Some months after, the father came and told me that his little daughter was a fine thriving child; but that it could not move one of the arms. As he lived at feveral miles distance, I promised to call the first opportunity. I then found that the shoulder had been diflocated at the time of delivery. I tried feveral times to reduce it; but without fuccess. This acceident was entirely owing to my neglect in not examining after delivery, when the limb might with ease have been reduced. This was a caution to me ever after, and should be to every one, to examine carefully the extremities, and also every part of the child's body after such deliveries. This was the only luxation that ever happened to me in practice, where the child was alive.

C A S E II.

Some years ago, I delivered a child, the foles of whose feet were turned inwards. Mr Sanxy, surgeon, was called, who contrived an ef-

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effectual method, which reduced the inflections at the ankles fo well, as to enable the child to walk by bringing the foles of the feet to the natural position. I had delivered before that period two or three others, in whom one or both feet were distorted in that manner, and different methods were tried with bandages and shoes to little purpose. His method was by binding down the foles of both feet with foft bandages, to one firm and ffraight or plain fole-piece of bend-leather, fo that one foot was a stay to the other.

NUMBER III. CASE I. FRACTURES.

deliver a rome woman.

Several years ago, I delivered a woman in May-Fair, of a small child. In turning and delivering it by the feet, I found the bones of one of the arms fnap afunder; a circumstance which furprised me the more, as I never turned and delivered a child with greater eafe, or in a flower or more cautious manner. Indeed I am perfuaded it happened principally from the smallness of the bone. I faid nothing; but wrapped the child up in its blanket, and laid it on the lap of one of the affiltants, defiring her not to move it till I had got the woman put right in bed. I then examined the arm, and told the nurse that it was a little hurt in the delivery, but would foon recover. As the child was poor of muscular flesh, I only applied a compress dipped in brandy and water, and with a fingle roller kept the ends of the

the bones together, which I found was fufficient at the time; and to prevent suspicion of a fracture, I held the arm during the dressing. I desired the nurse not to let it lie on that side, and not to undress the body of the child till I was present. As I visited my patient every day, I had the opportunity of renewing the dressings as there was occasion, and the arm recovered without the parents having any other suspicion than of a strain in the delivery.

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CASE II.

I SENT Mr Neale, surgeon of the London hospital, who attended me many years ago, to deliver a poor woman. The child presented wrong, and in bringing down one of the legs, the thigh-bone was broke in the middle. After the delivery, he bound up the fracture, and by great care and frequent attendance the limb recovered.

CASE III.

A midwife having sent for assistance, Mr Web of Nevis, who had then attended me a long time, went to deliver the patient, who was a poor woman. As the child presented wrong, he brought down one leg, but as the child was very large he could not deliver the body, or bring down the other leg; on which I came to his assistance. In searching for the leg that remained in the uterus, I found the thigh bent downwards and broken: this I delivered with caution, and after that the body and

and head. He bound up the fracture, and was at great pains to recover the limb; but by the milmanagement of a drunken nurle. the thigh inflamed, and the child died. This misfortune discouraged and gave my pupil much uneafines; but I told him that such things would fometimes happen even to the best and most careful practitioners.

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CASE IV.

Soon after the last peace, in 1748, many gentlemen both of the army and navy attended my lectures. We were called at night to a labour in one of the narrow lanes in broad St Giles's, where the arm of the child prefented. When I came, the room was crowded with the pupils to the number of 28. Such a number going in, had fo alarmed the lane. that a great mob affembled, and began to exclaim that we were trying practices. Some of the women also told us, that the parish-officers were fent for, who at that time were glad of howing their authority. On these accounts I was oblived to deliver the woman in a hurry. The child was alive; and when this was told the mob, and that the woman was also safe, they all dispersed. I left one of the eldest pupils to stay a little after the others, who in time of dressing the child, found that one of the thighs was broken; he tied it up, and was at great pains in attending frequently; but the child was lost by the carelessness of a drunken mother.

NUMB. IV. CASE I.

First Dreffings.

I DELIVERED a woman in Brook-street, who had brought a nurse from the country to at. tend her and the child in her lying-in. Mrs Maddocks midwife dreffed the child, and told her not to open and dress it again till she came; but next morning when Mrs Maddocks called, the nurse said she was afraid it would be too long to wait for her coming, on which fhe had opened and dreffed, and every thing was right, observing that she had been used to that bufiness. Next morning I was called, and told that the child was very bad. I examined and found it groaning with scarce any pulse, the extremities growing cold, and the countenance pale. I defired the nurse to undress the child; in doing which I observed, that the child was bound and pinned exceedingly tight. I faid nothing to the mother; but a friend of hers being prefent, I imparted to her my observation. The nurse, in her own excuse, told the gentlewoman and me, that in the country she was told that the London nurfes dreffed them fo as to give them fine shapes. I told her the danger of that practice, and that they now dreffed them very loofe to prevent spoiling their natural shape, which was much better and handsomer than artificial ones. I stayed till I saw the infant dressed loose; and ordered a cordial mixture of Aq. Alexiter. fimp.

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fimb. 3ij. Aq. Alex. Spirituous. Syr. Croci a zij. a little of this to be given frequently. I also advised them to get a wet nurse as soon as posfible. When I called next morning, they told me that the child expired very foon after I left the house. I have been called several times. where I found the uneafiness of the children proceeded from too tight dreffings; and by obferving this circumstance in time, the danger was prevented by dreffing them loofer. Doctor Sands told me that he was called to a child of a relation of his own. The nurse had, as he thought, dreffed it very nice, as it was then to be christened. When he examined, he found it was fo tight bound that it could fearcely breathe. The face was turning livid; and as there was no time to be loft, he did not wait for its being undressed, but taking a knife or pair of sciffars, ripped open the cloaths; by which means the child was foon relieved.

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ABOUT two years ago, I was called to fee a child, on the fourth day after delivery, and was told that it heaved, and had an oppression at its breast. The nurse undreffed the child; and the cloaths did not feem tight, but I observed the bandage on the navel appeared very tight. This I ordered to be unrolled; and plainly perceived that it was the cause of the disorder; for the child immediately breathed with greater freedom, and did very well in the fequel.

CASE

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The following is from Dr George Macaulay, London, 29th October, 1759. A midwife who is near-fighted, made the ligature of the funis umbilicalis too near the child's belly, and on that part which belongs to the abdomen of the infant. After feveral days it was shown to me; the ligature was not made so tight as to stop the circulation entirely, and the part was swelled and inflamed. I divided the ligature with a pair of scissars; the sunis dropped off at the usual place; and in a few days the inflammation abated, the parts contracted, and the child had a good navel.

COLLECTION XLVI.

the set that he was about the district of the

Imperforated Anus.

[Vide Vol. I. Book IV. Chap. 2. Sect. 2.]

NUMB. I. CASE

Several years ago, I delivered a woman of her first child. When I called next day, the nurse told me that he had got no stool, although she had given several times the oil and syrup, and she was afraid there was no passage at the fundament, she having tried to introduce a stalk of parsley and butter. I in-

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spected the part, and subricating my little finger, introduced the same a little way into the anus; but plainly found a smooth obstruction

about an inch or less from the entry.

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I informed the father of the case, and the danger the child was in, unless an artificial opening was made; and advised him to send for the furgeon of the family: on which Mr Gattaker was called. After he had examined and found the same, he advised, as the case was uncommon, to fend for Mr Middleton. They were of the same opinion with me, that it was right to try to make a perforation immediately; for although the success was uncertain, yet if the attachment was flight, it might fucceed. It was then agreed to perform the operation with the trocar. Mr Middleton fent for his, as it was of a larger fize than common. Mr Gattaker introduced the instrument, and pushed the point and sheath thro' the adhesion, in a line, as near as he could judge, along the common course of the rectum. No meconium appeared or followed on withdrawing the instrument. After this he introduced a large bougie, which went up a great way. We called next morning, and to our great satisfaction observed some meconium come down on extracting the bougie. Another somewhat larger was again introduced: the child now feemed to be in a fair way of doing well; but next day the nurse showed us a small swelling on the upper and back part of the right parietal bone, which was turning livid, and indeed had not been observed by me

me at the delivery. On examining the tumour, we found a round opening in the bone about an inch and an half diameter, and some of the brain pushed through it; but this could not be reduced, and no doubt was begun to mortify, for the child died next day.

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From the Medical Essays of Edinburgh, Vol. IV.
Article 32.

The Case of a male Child born without an Anus, or INTESTINUM RECTUM. By Mr James Jamieson, surgeon in Kelso.

Some years ago, Mrs Hannak, midwife in this town, was called to one Mrs Stephenson in Plowland, five miles distant from this place, whom she delivered of twins, the one female, the other male; and discovering in the latter no appearance of an anus, came home and fent me to fee the child, whom I found otherwise fprightly and feemingly in good health, but not the least vestige of an anus to be seen or felt, but equally firm and folid from the coccyx to the fcrotum: whereupon I told the grandmother, who only was acquainted therewith by the midwife, that it was preternatural, and that though I had twice feen the anus covered by a membrane, which was eafily cured, I could not promife to do the like in this; but if she pleased, I should try to reach the gut by incision, which she with the mother's confent fondly agreed to. Whereupon I made an incision es e 191 4

incision pretty deep in the most reasonable part; then introduced my little singer into the wound to find the gut, but in vain. I afterwards tried the trocar, which penetrated, but nothing sollowed but some guts of blood; so was obliged to leave the patient without prospect of surther help from me, only desired, when he died, I might be allowed to open the body; which I did next day. Upon opening the child, I saw the rectum entirely wanting, and the colon was a perfect intestinum cæcum suspended loosely in the abdomen, and sull of meconium; all the other parts being in a natural state.

CASE III.

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A Case of an impersorated ANUS, from Mr Pinkstan surgeon in London.

Tuesday evening, May 7, 1754, I delivered M. K. of a female child. Next morning the nurse told me the child had no stool, although she had used all the common methods to procure one; besides, she saw no fault at the fundament.

On examining, I imagined the fame; but after introducing a probe about half an inch, I met with a firm and folid refistance.

I then told the mother the necessity there was for performing an operation on the child; though not without expressing some doubt of its success. Having obtained her consent, I cut about half an inch into the resisting substance; and finding that none of the faces followed.

lowed, I enlarged the external orifice, and

went about half an inch deeper.

Seeing at last nothing issue out but a little blood, I introduced my finger, and found a refiftance that made me despair of succeeding in any farther attempt of that kind, and I dreffed up the wound.

The child had that night stercoracious vo. mitings; and these continued till its death. which happened on the twelfth in the morn.

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After much entreaty, I was permitted to open the child, when I found the rectum callous and imperforate as far as the last vertebra of the loins, which showed the defect was abfolutely incurable. In cases, however, of this kind, I think a cure should always be attempted.

CASE IV.

The URETHRA of a Child imperforated. In a letter from Mr Lucas of Pontefract in Yorkshire, Match ¥753.

THE day after delivering a woman of thirtyfix years of age, of her first chid, by the al fistance of the forceps, I payed her a visit, and understood the child during that time had never made water. - Upon inspecting the parts, I found the glans penis imperforated, and of a bad formation, with scarce any prepuce, and no appearance or the least vestige of the urcthra. On this I made an opening with a small lancet pretty deep along the penis, where the urethra

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urethra is naturally fited, and to its utmost extremity. I repeated it several times, making crucial incisions; I also tried to pass a small probe, but all my attempts were unsuccessful: a great hæmorrhage obliged me to desist, and commit the whole to nature, which in about twelve hours proved very friendly; for the urine forced itself a passage through the semi-divided fibres into the artificial urethra formed by the various punctures of the lancet.

The child and mother foon recovered, and

Vide Lamotte, Book I. Chap. 30. on Imperforation of the Fundament and Urethra. The french edition is translated by Mr Tomkins, jurgeon of the Foundling Hospital, and pubished by Mr Waugh in Lombard-street.

NUMB. II. CASE I.

A woman whom I delivered of a child rought by the feet through a very narrow elvis, told me, when I cailed next day, that I ad brought her a fine girl; but the nurse delared she had got two tongues. I suspected that was the matter, but said nothing. When examined the case, I sound there was a large welling under the tongue, and that the presente had flattened it so as to give it that aperatance. To make the parents easy, I or tred a mixture with barley-water and Mel. Sarum, and to moisten the part now and then

by means of a feather, and told them this appearance would vanish in a few days; which prognostic was verified accordingly. This swelling was occasioned by my finger, which I was obliged to introduce into the mouth in delivering the head.

CASE II.

Cases of the tongue's being confined, and tied by a thin membrane to the under part of the mouth, are so common, and so easily assisted, that it would be superstuous to enumerate particulars, except where attended with difficulty or danger. I have only had two cases in all my practice that appeared dangerous.

A poor woman brought her child to me, and told me that it was tongue-tied, and could not fuck. When I raised it up, I perceived instead of a thin membrane, a very thick one and fomething like an excrescence formed be low, to which the under-part of the tongue adhered. Her labour had been natural and eafy. I endeavoured to divide it flowly with lancet armed; but as it bled a good deal I de fifted, having heard of some fatal instances of the kind, though at fecond hand only. Indeed I was a little uneafy at its bleeding fo much as I had divided so small a part, where no pre fure could be made; or the head, or any con tain vessel taken up. I wiped it frequent with a linen rag; but it still continued to bleed I fent for some pulv. flypt. but before it came I recollected that spirit of wine would con tract small veffels, and immediately dippe vd .

a feather in some lamp-spirits, and with it touched the divided vessels, which contracted in an instant. Nevertheless, for security, I made the woman stay some time; but the first touch was sufficient.

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CASE III.

I HAD been affured by a furgeon, that he had brought down such an excrescence by touching it now and then with lunar caustic. I tried to relieve a second child that was brought to me with much the same complaint as the former. The child was about three years old, and could not move its tongue so as to propounce articulate sounds.

I touched it several times with the lunar caustic; but there was so much moisture from the saliva in the mouth, that the caustic was dissolved, and affected the adjacent parts. I therefore discontinued it, as it did not answer expectation in removing the impediment.

COLLECTION XLVII.

Moulp-shot Heads and Convulsions.

[Vide Vol. I. Book 4. Chap. 2. Sect. 3.]

NUMB. I. CASE I.

MANY years ago, I was fent for in a hurry to a child, who immediately after

ter delivery was thrown into convulfive fits. The labour had been tedious; the child was large, and the head was compressed into a longish form, and to one side. I tried with the palms of my hands to mould it into a glo. bular shape, but to no purpose. The child had recovered, and was not in convulsions when I came; but very foon was attacked with ano. ther fit. I immediately took about two ounces of blood from the neck, and ordered a fmall bliftering plafter to be applied betwixt the shoulders. The infant had no return of the convulsions after blooding, and in time grew a strong healthy child. The head gradually expanded, and recovered, in some measure, a better form.

CASE IL

I DELIVERED a woman whose child was large. The pelvis was fmall, and the head came along with great difficulty. The head when delivered was of a very long shape: one parietal bone was squeezed considerably over the other, and the occipital bone forced more back. The child, who cried strongly at first, was immediately after thrown into a convulsion fit. I tried to mould the bones into their proper form; but could not alter their position. The funis umbilicalis not being yet tied, I made a ligature on the proper place in a flight manner. The nurse brought me a tea-cup. I then cut the funis, and allowed it to bleed about four fpoonfuls, and then pulled the ligature tight. The child immediately recovered. As

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in the former case, I ordered a blister, and three grains of rhubarb to be given internally, to purge off some of the meconium. This method seemed to answer so well, that when such squeezed, I commonly allowed a little blood to flow from the funis, more or less, before tying it tight, It was an old method amongst the midwives in some places, to give the child three drops of blood from the funis to prevent convulsions; and perhaps this custom might arise from some more knowing practitioner, who took this method in deceiving them, on purpose to let the navel-string bleed a little. Vide Collect. XXXII. Case 11.

CASE III.

I was called to a child that was thrown into convultions foon after delivery; but being at a distance, I could not attend till several hours after. When I came, the child seemed in a dying condition. I immediately cut the ligature of the funis, and somented it with warm water, in hopes it would bleed; but to no purpose, The mother was against blooding with a lancet. I ordered leeches to be applied to the neck, and a blister to the back; but before they could be applied the infant expired, As the child was dressed, I did not examine the head.

No doubt it is right, when the head is squeezed in the pelvis, and of a wrong shape, to try to reduce it. I have had many such cases; but, as I can remember, never succeeded but once

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or twice at most, and then I ascribed the success to the head's not having been long retained in the passage.

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NUMB. II. CASE L

ERUPTIONS.

A CHILD, about three days after delivery, firuck out all over the body with small red eruptions, which in London the nurses call the red gum; but in Scotland is termed the bives. As I found the child had got little passage of the meconium, and had not sucked, I ordered three grains of rhubarb; and if it did not operate in five or six hours, to give three grains more: both doses were given, which assisted in discharging a large quantity of meconium. On the fourth day the mother suckled the child. The milk kept the belly sufficiently open, and by degrees carried off the complaint.

CASE II.

I was called to a child about eight days old, who was to be brought up by hand, and who was broken out much in the same manner as the former. It was also restless, and cried much. I found the child had not above four times passage since the delivery. I ordered sive grains of rhubarb to be given immediately in a little thin pap, which gave the child two loose stools; and by these the infant was relieved of the colic pains. I directed the nurse to give frequently some chicken-broth for

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for nourishment, either by itself or mixed with the pap; and if the child after this did not go to ftool two or three times a-day, to diffolve half an ounce of manna in four spoonfuls of water, and give about a spoonful of it as often is there should be occasion, to have the above effect. The nurse told me afterwards, that he had given oil of fweet almonds and fyrup of violets without the defired effect; but that the manna, 'ever fince the working of the rhubarb, had kept the body open, and that the eruptions were scaling off. In a few days after, when I faw the child, they were entirely defends early tell. It was fent for total

the fluid day, when deferred the left C A S E III.

I was called to vifit a child about five days after delivery. The mother told me that the child had been very well till that morning, when finding it was much bound, the nurse had given it some decoction of fena and prunes. She was afraid too much had been given, because the child was thrown into a violent purging; and this had carried in all the red gum, which had been very full on the child's body.

I ordered three ounces of the Julepum e Creta, with three drops of the Tinctur. Thebaic. a spoonful of this to be given presently, and to be repeated after every loofe stool. This stopped the purging; and the cruptions that appeared white refumed their red colour, and went off gradually.

The mother told me, that in her former children, her milk being binding, she had

T 5

been obliged frequently to give the above medicine, but in smaller quantities; and this me. thod fucceeded very well.

I delivered a patient of her first child, which was a strong healthy boy. The mother was refolved to fuckle, but was obliged to give it up from an inflammation coming on the break. I advised the nurse, in the mean time, to keep the child's body open; a caution which she

neglected.

Being otherwise engaged for several days, I did not call till I was fent for in a hurry on the fixth day, when I found the child in a violent fever. I understood there had been very little passage, and was told the child's body was full of the red gum; but to my great furprise I found an erisipelas covering all the back and right fide. I immediately ordered ten grains of Magnefia to be given, and also a glyster of chicken-broth, which brought off a large quantity of thick meconium. This plainly shewed the child had been neglected; but the inflammation foon turned livid, and destroyed the child.

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COLLECTION XLVIIL

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GREEN STOOLS

Wide Vol. I. Book IV. Ch. II. Sect. 4. and 5.]

NUMB. I. CASE I.

CHILD that was put out to a wet nurfe, was taken foon after with a continual trying and restlessness. When I visited it at the defire of the parents, the child feemed much emaciated. The nurse told me, that the stools were sometimes hard, at other times curdled and green; but by the child's being fo much emaciated, I suspected that the nurse had little or no milk; for it was crying inceffantly, and always turning its little head from fide to fide. I with my finger touched the fide of the mouth when it gaped, and it greedily fucked my finger. I defired the nurse to milk from her breast a little into a cup. that I might fee the colour and confiftence of the fame. She tried, but could not squeeze out one drop; and faid the child had emptied her breafts, and fucked its belly-full just before I arrived. I faid nothing to her; but told the parents that I was certain the woman had little or no milk, and advised them to take away the child immediately before it was flarved. I recommended another that had a T 6 good

good character, and who I was certain had a good breast. This advice they immediately followed; which had the defired effect in recruiting the child, and carried off the green stools without the assistance of any medicine.

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I could mention many cases of the same kind, where I have faved the infants when

called in time. Vide Collect. L.

A S E

A CHILD that was fuckled by the mother, near the end of the month was taken with grippings and curdled green stools. I order. ed fix grains of rhubarb to be given immediately, and a mixture with half an ounce of Magnefia Alba, and two ounces of Aq. pur, fweetened with fugar. A spoonful of this to be given every night and morning. As I found the milk was rather too thick, and of a yellow tincture, I defired the nurse to give the child frequently a little chicken-broth or beef-tea, especially as I found by the nurse that her mistress was irregular in drinking spirits. The child grew better, but frequently relapfed; and as they could not afford a wet nurse, I advised weaning it. My advice was followed, and the child grew better by being brought up by hand.

I was called to a child about a month old that was brought up by hand. It had been afflicted for many days with curdled green stools, and at last was brought very low by thin

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thin watery purging. I ordered Aq. Alexiter fimp. 3iij. Spirituous. 38. Elect. e Scordio 38. mixed together, and sweetened with Syr. simp. a spoonful to be given after every stool. I also directed them to administer a glyster made of the decoction of chicken-guts. For nourishment, I prescribed chicken-broth in which. rice was boiled. This method had the defired effect in restraining the purging and strengthening the infant. In a few days, when the looseness returned, I ordered eight grains of toasted rhubarb and three grains of toasted nutmeg, and in twelve hours after the mixture as above; and these two answered the purpose. I have been called in many such cases where I have succeeded; but when we are called in too late, the child is generally loft.

CASE IV.

I was called in to a child four months old, who had been for three weeks much in the same way as mentioned in the above case. The looseness frequently returned, and all the methods had been unsuccessfully tried, as recommended in Vol. 1. The child being opened soon after it expired, I sound all the glands of the mesentery swelled and in hard knots.

NUMB. II. CASE I.

I was defired to visit a child that was put out to a wet nurse, and told, that the child's mouth

mouth was fo fore that it could not fuck. The lips, the infide of the mouth, throat, and tongue, were full of little white spots inclining a little to yellow, The child was about a fortnight old, and had caught cold at the christening about the eighth day. It had been costive, and the stools were of a clay colour: but was afterwards taken with loofe, curdly, green stools, which still continued. The child's skin felt hot, the pulse was quick and low. I examined the nurse's milk, and found it in plenty, and of a right confiftence. I defired her to give the child frequently a little chicken-broth; to wash the mouth gently and often with a linen-rag dipped in a gargle of barley-water and Mel Rosarum; also to continue, as fhe had already begun, to give the breast-milk, milked in the child's boat. Iordered some doses of the Pulv. e Chel. Cancror. comp. gr. v. Rhubarb. gr. i. to be given with the broth night and morning, and a blifter to be applied betwixt the shoulders.

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When I called next day, the nurse told me she had got down pretty often the milk and broth, but not the powders; but that now the child's throat was so fore, that she could get down neither. The appearance of the thrush and stools was much the same. I examined the anus, and sound a few spots there also. I then desired the nurse to give the child a glyster of chicken-broth, or of a decoction of chicken-guts, every sour hours, to try to nourish it in that manner. Next day the thrush began to slough off the tongue. She

continued the glysters. The day after that she got down some milk and broth at different times. The thrush was now more at the sundament, and so sore that the glysters were lest off. After this the child seemed to recover; the skin was cooler, the excrements were less curdled and green, and not so frequent. In a few days more the thrush went off, and the child recovered, contrary to my expectation.

I have had many such cases; but the children seldom recovered when the thrush rose to such a height, and where they were so severish and so much reduced. Vide Vol. I. on this subject.

CASE II.

About thirty years ago, I was called, at a confiderable distance in the country, to a child about five or fix months old. The mother told me, that the infant had sweated, and been healthy, till within a month before I was called; and without any previous bad symptom, was taken with a fore mouth full of little white spots, which by degrees turned yellow, and changed from that to a dusky colour. She informed me, that as the child could not suck, she was obliged to wean it, and support it with new-drawn whey, pap, and new milk.

The child was much emaciated; the stools were loofe, of a brown colour, and cadaverous smell. When I looked into the mouth,

I faw the gums and throat black and full of gangrenous ulcers. I told the parents that the child was in the utmost danger, and could not live long. This was late at night, and it expired before morning. track authoritative that a talongs as we make as

Anima CASE III.

ABOUT a year or more after this period, I was called to a child about two years old, in whom the appearance of the mouth was much the same, and the disorder of the same duration. The gums were mortified; and in examining with my finger, two of the teeth

dropped out. The child foon expired.

Although these last cases are not so proper to insert here, because I confine myself to those in the mouth, yet as they are of the fame kind, and so extraordinary from their long continuance, I thought they might be pertinent, to show the danger that ensues when the patient is not affifted in time. Confult Dr Fothergil and others on the above difor-Sallant of second said to diverse on the same

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COLLECTION XLIX.

[Vide Vol. I. Book. IV. Chap. 3.]

With respect to MEN Practitioners.

CASE I.

MRW. attended a woman in labour of her first child. He had gained reputation from being called to assist midwives in the country in preternatural cases; but this being the first time of his being bespoke to attend by himself, he was at a loss how to ma-

nage his patient in a natural cafe.

The woman was of a healthy and robult constitution, and about thirty-eight years of age: the labour pains were pretty frequent and strong; but he not considering that the parts must have time to soften and dilate, began, as he had formerly done in preternatual cases, to subricate and dilate the os uteri, which was then only open about the breadth of a crown piece

In this manner he continued every now and then, to affift the delivery for feveral

hours to no purpose.

The nurse, a sensible woman, who had been many years in that business, exhorted him from time to time to rest, and not fa-

tigue himself, especially as the woman was not young, and as the child presented with the head.

This was in December 1748. He had attended me one course of lectures about three years before, but had not attended the labours, imagining every thing in midwisery trifling, and that the lectures on the extraor-

dinary cases were sufficient.

Finding himself thus foiled, and at a loss how to manage the labour, he desired her friends to send for me; but, contrary to his inclination, another gentleman was called, who by art and cunning had got a name amongst the lower sort of patients. Both these gentlemen being self-sufficient, and impatient of advice or controul, soon split in their opinions as to the presentation of the sectus.

He who came last, alleged that the shoulder presented, and that the woman ought to be delivered immediately; the other still insisted that it was the head. These debates luckily happened in another room; and continued so obstinate and long, that the patient, who had been satigued most of the night, sell into a sound sleep; being at rest from her

premature affistant.

The nurse, being afraid that her mistress would suffer from the disagreement of the obstetric adversaries, advised the husband to call an old practitioner. As I returned from a patient about six o'clock in the morning, the husband was advising with his neighbour, who knew me, and begged my advice and assist-

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ance. I complied with his request, and accompanied him to his house. After hearing the different parties, both male and female, I. as the patient was afleep, and only awoke now and then when disturbed with a pain, defired he might be kept quiet. In the mean time. as the feafon was excessively cold, I begged they would regale the attendants and me with fome warm tea; hoping also I might have time to foothe the quarrel, which by this time was pretty high; for the females, who were numerous, had entered into the dispute. At their defire, I examined the patient in time of a pain, and found the os uteri a little open, but rigid. From the globular form and hardness of what presented, I imagined it rather the head than any other part of the fætus; resting on the upper part of the offa pubis.

I then called the gentlemen aside, and observed that the position of the child was of no
consequence at present; that the woman being now easier, this her first child, the os uteri
rigid, and the membranes not broken, it would
be better to encourage rest, and allow time for
the parts to soften and stretch gradually by the
pushing down of the membranes and waters. I
said, if the head presented, it would probably
advance; or if the shoulder, then it would be
time enough to assist when there was more
room, especially as the waters were not yet

come off.

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By this remonstrance I brought them to a better temper, and they were at last reconciled. led. Indeed I thought it always my duty to make up such breaches for the general good of society, as well as for the honour of the profession.

I advised Mr W. to attend his patient, but not to disturb her in the least; and proposed that we should all three meet at twelve, or

sooner if he desired.

We were called at ten, on account of the pains growing stronger, and the anxiety of the woman and her friends; but on examining, I found little alteration, only the os uteri felt a little softer. It was then agreed, that as her pulse was quick, she should lose eight ounces of blood from the arm; that the nurse should administer a glyster, and after the operation give the patient a draught with 30 drops of the Tinct. Thebaic.

These medicines had the desired effect; and Mr W. delivered, or rather received the child

presenting fair next morning.

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Both these gentlemen have, since that time, attended several courses of my lectures, as well as all the public labours that happened during their attendance; and have often acknowledged my friendly behaviour in this case, by which they were prevented from exposing their ignorance.

CASE II.

In the year 1748, I received a message from a lady, to go to one who had been her fervant, and was married to a tradesman.

On my arrival, I found another practition-

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er there, who feemed much furprifed, and with a very furly countenance fcolded the husband for bringing another without his

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His dress was as forbidding as his countenance, confisting of an old greafy matted wrapper or night-gown, a buff broad fword belt of the fame complection round his middle: napkins wrapped round his arms, and a woman's apron before him to keep his dress from being bedaubed. At the fame time, to make him appear of confequence, he had on his head a large tie periwig.

As I did not know that another of the profession was there when I was called, I asked the gentleman's pardon, and told him the message I had received, and my ignorance of any others being there but a midwife. The husband excused himself in the best manner he could; and faid it was the lady's goodness to fave his wife. This apology feemed to pacify him a little; but turning from the hufband, he began to abuse the lady's ignorance of his importance, and damned all midwives for ignorant b-s. He faid that he was bespoke, and would not be concerned with any fuch gossips. I told him that I was forry my coming should give him any uncasiness, or be the occasion of any in the family; but begged he would tell me how his patient was, that I might inform and fatisfy the person who had defired me to call.

By this calm reasoning his surly aspect unbended. He told me he was jul going to delideliver his patient, and if I pleased I was welcome to be present at the operation; for he could wait no longer, as he had already lost one patient by waiting two days on this; and now he was called to another. I thanked him for his invitation; and excusing my presence, begged only he would grant my first request.

He then gave me to understand, that he had been called the night before the last; that the woman had strong pains; but as he was then uncertain how the child presented, and she had got little sleep for two nights before, he had ordered her repeated doses of opium, which had produced little or no effect; but that last night she had been quite stupid and often convulsed; and that nothing could save her life but present delivery.

He also told me it was her first child; that the membranes were not broken, but the mouth of the womb was pretty largely open; and desired me to examine the patient: which having done, I found every circumstance according to his account, and also the head of the fœtus resting above the offa pubis; a circumstance which he had not observed.

As he had occasion to withdraw, he begged my excuse a little; and in his absence, the apothecary, who was in the next room, informed me that the patient had taken at different times about 15 grains of opium; and this he persuaded himself was the occasion of the convulsions and stupidity.

I examined her pulse, and found it quick and full, while she lay in a profound sleep. The

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purse told me, that she had no struggles for several hours, during which she had been very quiet. When the gentleman returned, I told him his account was very right, and that if he would now examine, he would find the head resting above the pubes. This he thought impossible, as he had examined so lately; but on trying, he confessed it was even so.

I likewise told him her pulse was still strong, and the nurse had informed me she lay much quieter than she had been. I imagined indeed that she had fallen into a sound sleep; and ad-

vifed him to have a little patience.

He now feemed more disposed to reason. I therefore observed to him, that as the woman's case was not barely a case in midwifery, considering the stupidity and convulsions, it would be proper, for the safety of all concerned, and in order to prevent reslections, that the husband should go to the lady, and beg of her to send

her own physician to our affistance.

He affented to this proposal; and the physician came accordingly. At his arrival, being desirous of information in every particular, and inquiring minutely about the quantity of opium which had been administered, the man-midwife and the apothecary disagreed in their accounts; when this last went home to bring the bills, the other declared that he had been sent for, and was obliged to go to another patient, and therefore would leave the patient to my care.

I told him I was engaged also, and begged he would attend his patient. The physician told

444 CASES IN MIDWIFERY.

told him also, that if the woman was kept quiet, she would sleep off her large dose of opium. This declaration enraged him so much, that he left the house muttering revenge against the apothecary.

After some conversation with the physician, we both concluded that the over-dose of opium was the occasion of the convulsions and stupipidity, and that as the effect went off, her pains

would come on.

We then fent for a midwife, who attended the case, and informed me afterwards that the woman was safely delivered that night of a dead child; but she recovered very well.

NUMB. H. CASE I.

WHEN midwifery came to be more practifed by gentlemen than formerly, one Dr C. laid himself out in that way, visited all the midwives, and left printed notes of his abode. He was called by a midwife at Lambeth; but the woman was delivered before he arrived: nevertheless, being over officious, he would examine every thing, to fee that all was fafe; and called out that the woman was tore. He came every day and dreffed the parts. He affirmed, and the midwife denied, complaining loudly of his unfair conduct, as the had called him. Unluckily for this novice in the art, the same accident, to a much greater degree, happened to himself a little after, in the very patient that Dr Simpson called me to. Vide Col. XL. Nº 6.

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The midwife heard of this incident; on which the hunted him out, and attacked him every where, upbraiding him with being guilty in reality of what he had villainously and falsely laid to her charge.

CASE II.

A gentleman many years ago, made a great bustle, got into a considerable share of low and middling practice by taking low prices. He abused the midwives, right or wrong, whereever he was called, and was reciprocally abused by them. Frequently, instead of waiting in lingering cases, where the head presented right, he turned the child, and brought it by the feet; by which method both mother and child were often lost.

Nevertheless he gained some credit by exaggerating and making the cases appear desperate to those concerned. These practices availed him for the present, and frightened many midwives from calling in men-practitioners. To my certain knowledge he was thus the occasion of many bad cases, the women refusing affistance when he was proposed. This the midwives have acknowledged to me in private, when I expostulated with them for not calling me sooner. Such behaviour in the end sunk his business. Several of his better fort of patients were, from to time, delivered by other gentlemen, who acted on better principles; and finding themselves and their children saved, never had recourse to him in the sequel.

Vol. III. U CASE

Vide Collect. XXXII. Case 13. also Collect. XXXIV. No 1. Case 14. No 2. Case 3. and 8. and Collect. XXXIII. No 2. Case 5.

I was one night called very late to a woman of my acquaintance in the neighbourhood. I was not a little furprifed when I came into the room, to hear two women fcolding one another in a ferocious manner, and ready to come to blows. As they did not know of my being sent for, my appearance surprised and filenced them for the present. I soon found they were two midwives of my acquaintance. I faid nothing, but spoke to the patient who was in bed. The midwife that was fitting at the bed-fide defired me to take a pain, faying, fhe would yield her feat to me, but to no midwife in London. When I examined, I found the child presenting right, the os uteri foft and pretty much dilated, and the membranes entire. I then defired the two midwives to go into the next room, where I heard both their complaints. One had been bespoke, but was engaged when fent for; on which the other was called. I again went to the patient, told her she was in a very good way, and asked which of them she chose for her midwife? She said the one who was befpoke; for she was afraid of the other. made them acquainted with this decision; and advised her that came first to yield, because it any accident should happen she would be bla med; and I told her she should be paid for her trouble. Thus ended the contest, and both were pleased

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TO THE

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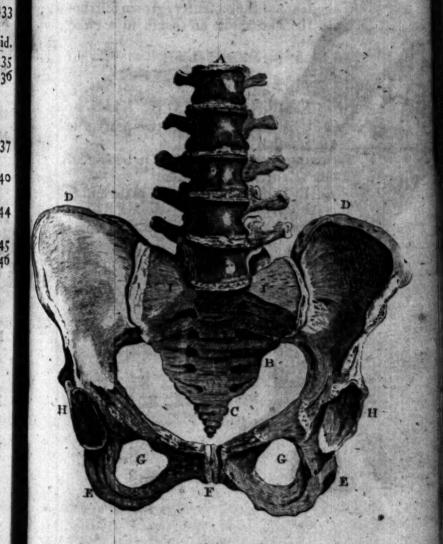
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Plate I.

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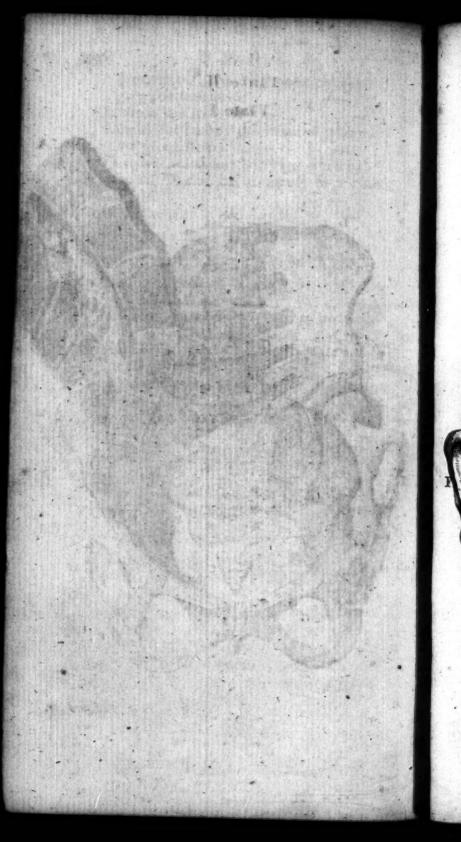
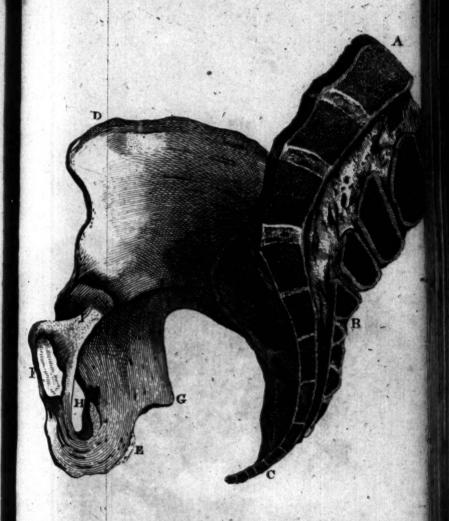
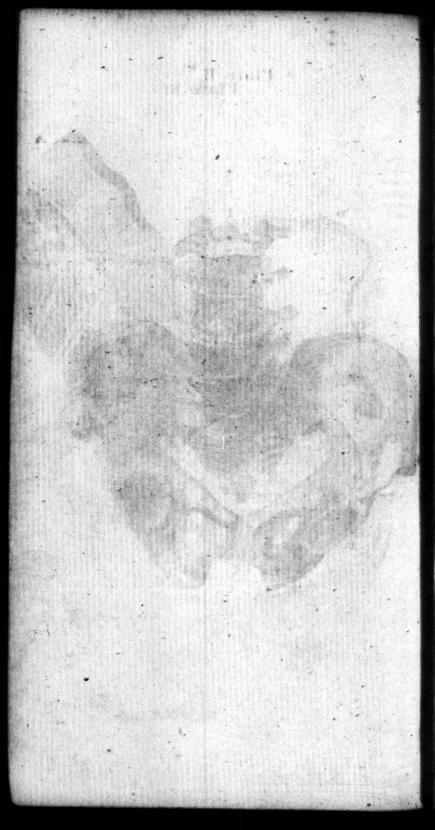
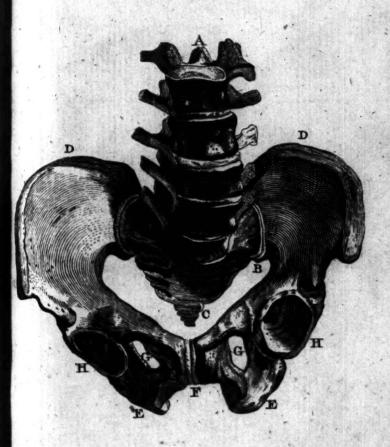


Plate II.



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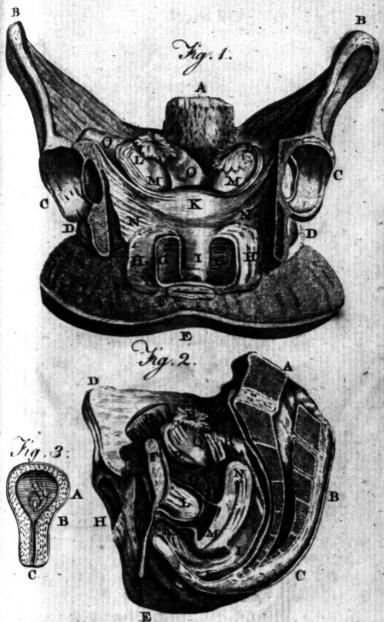




ABell Soulp!



Plate V.



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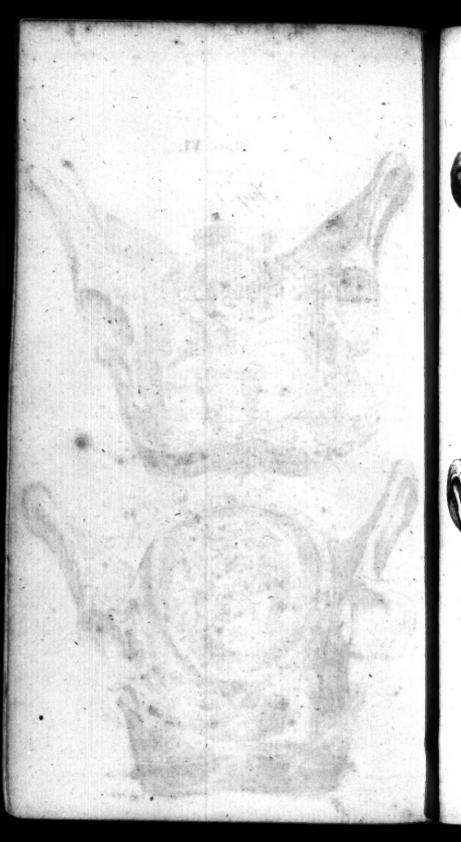


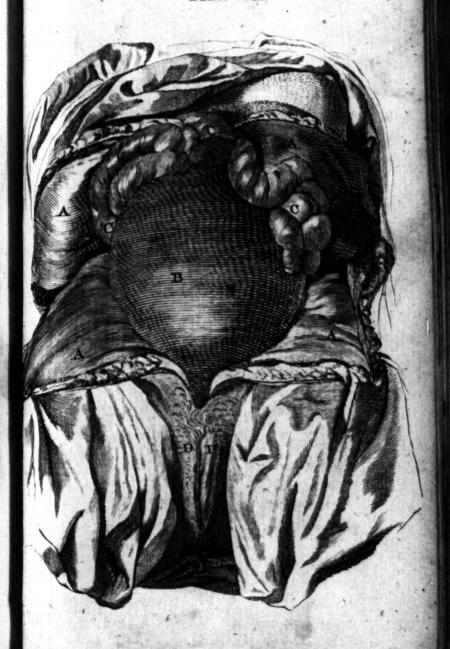
Plate VI.



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Plate VII.



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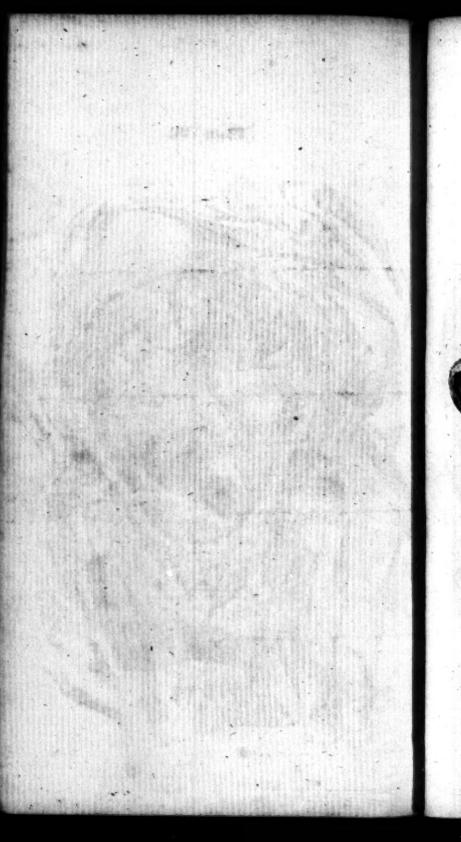


Plate VIII.



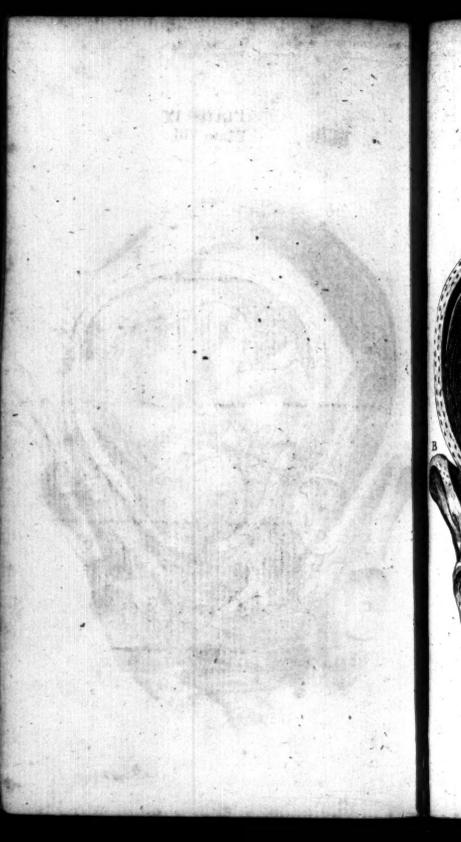


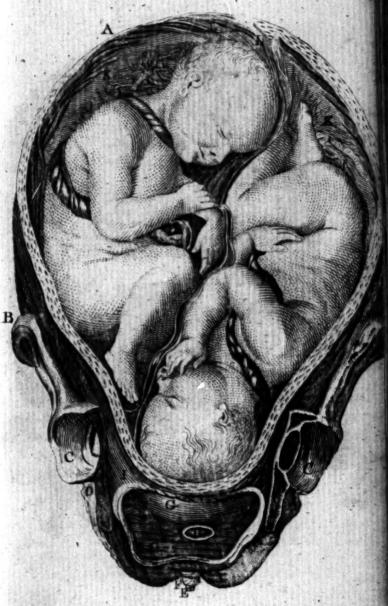
Plate IX.



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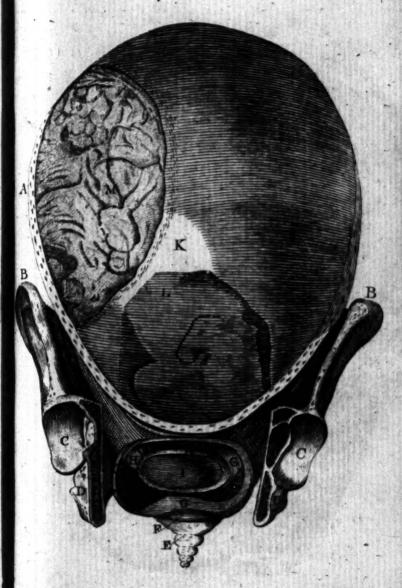
Plate X



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Plate XI



A.Bell Soulp!



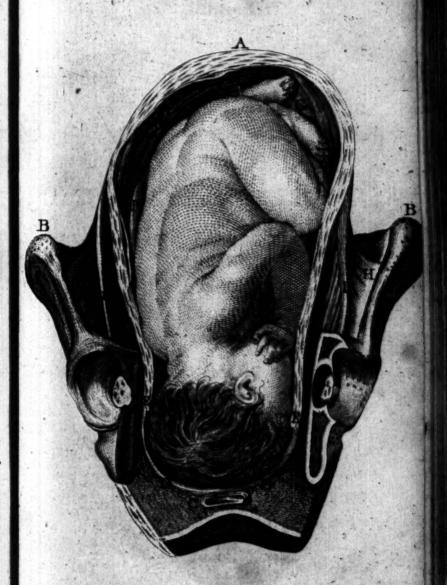
Plate XII.



A.Bell Sculp!



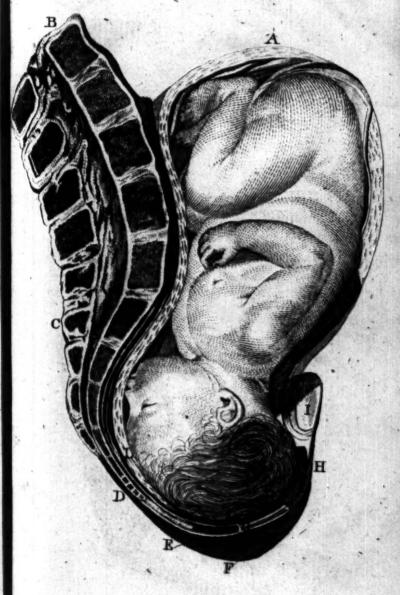
Plate XIII.



ABell Soulp to



Plate XIV



ABell Soulp.



Plate XV.

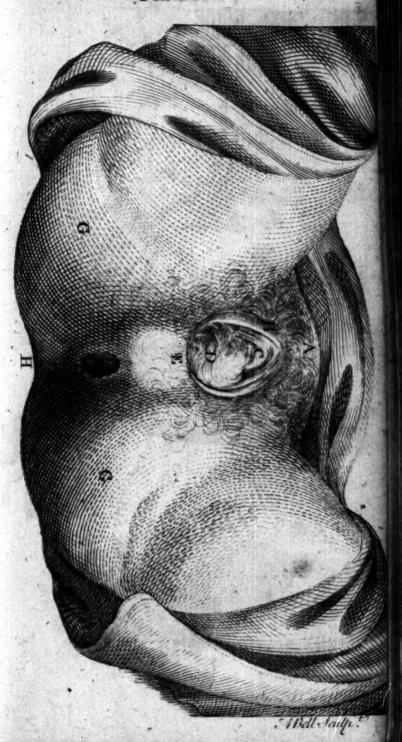
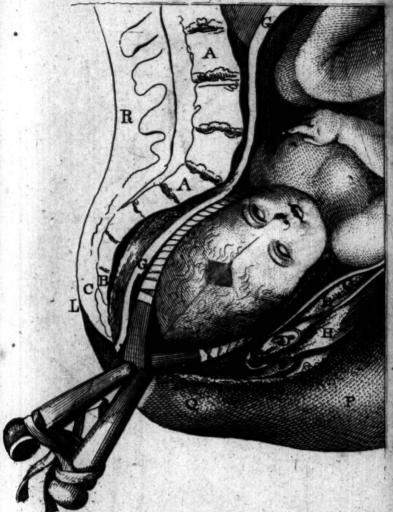




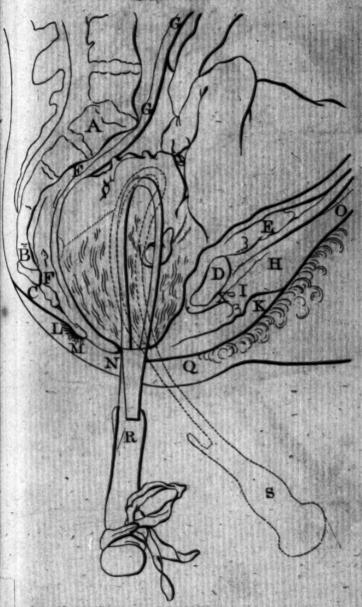
Plate XVI



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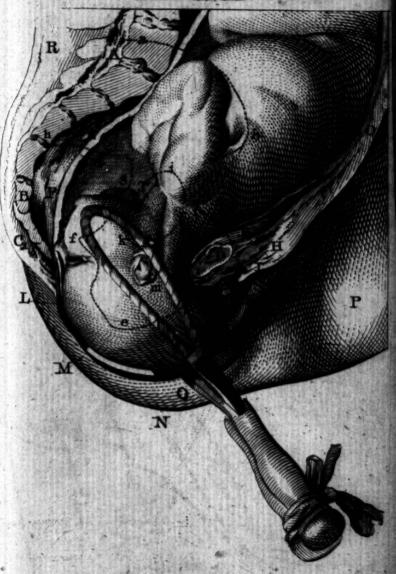
Plate XVII



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Plate XVIII



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Plate XIX.

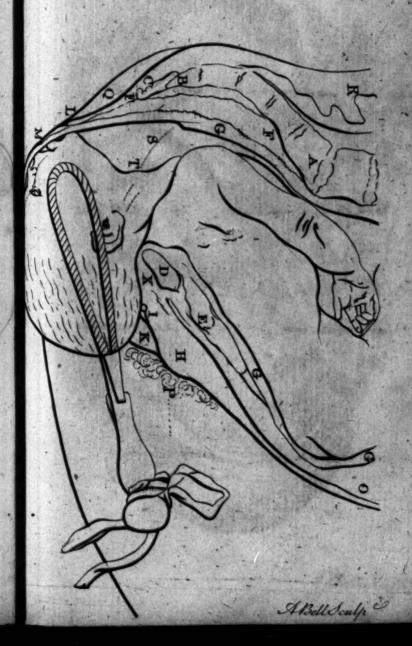
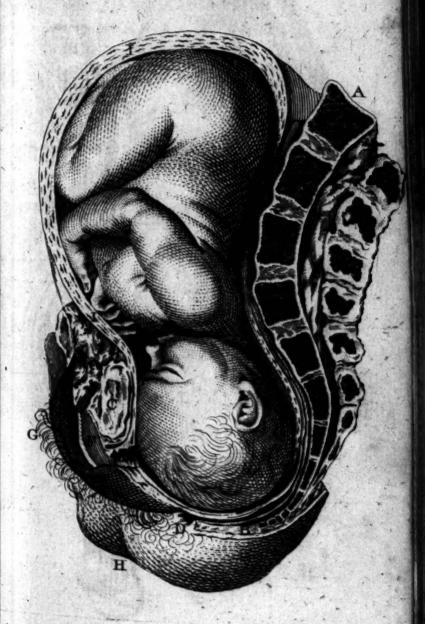




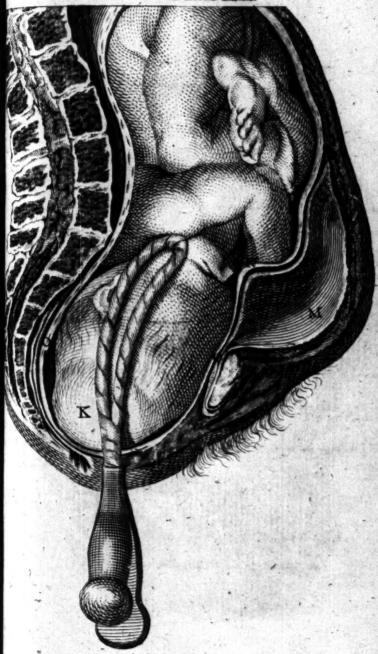
Plate XX.



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Plate XXI



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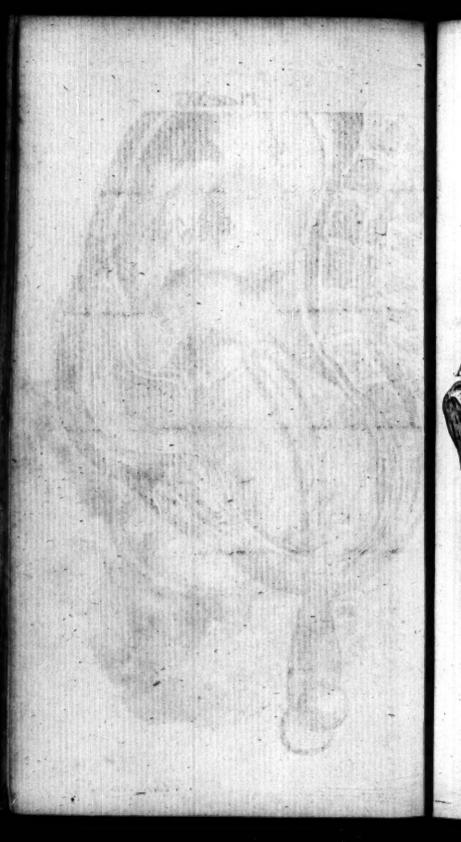
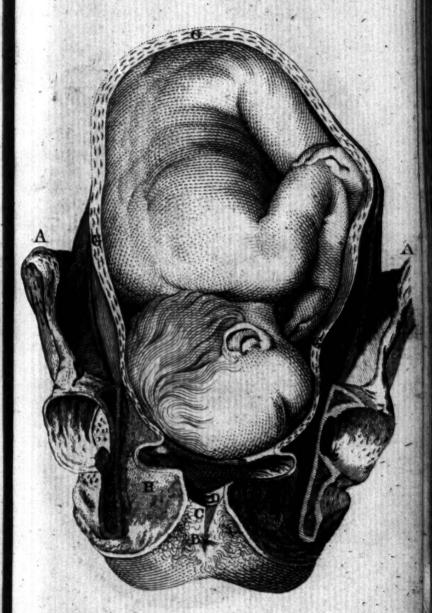


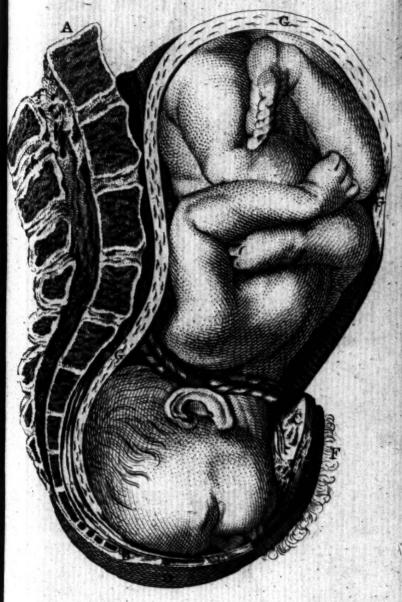
Plate XXII



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Plate XXIII



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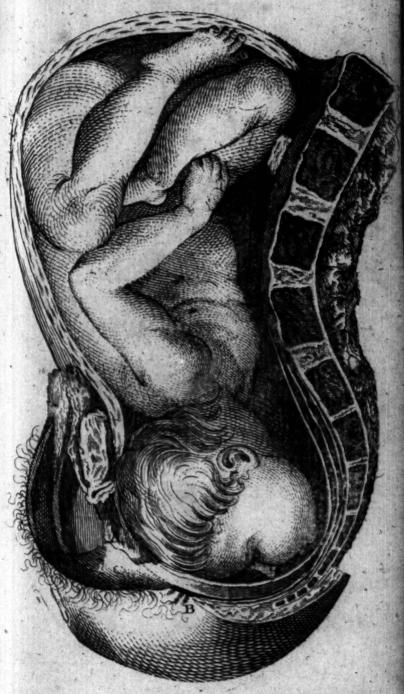
Plate XXIV



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Plate XXV.



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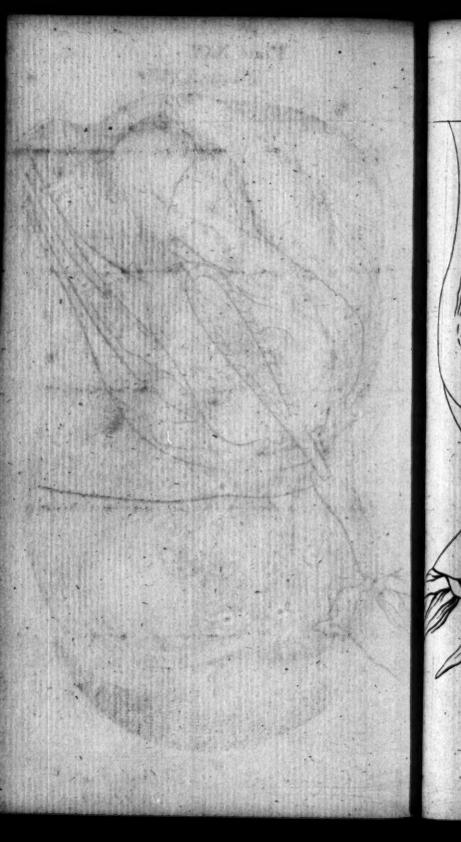


Plate XXVI



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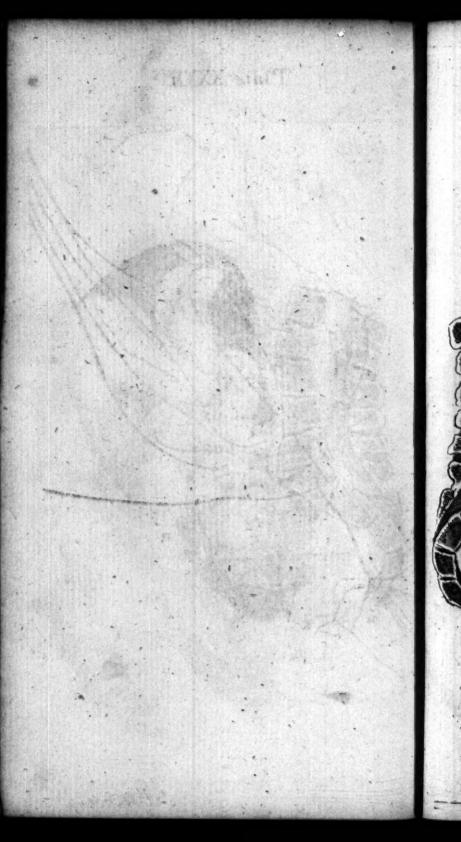
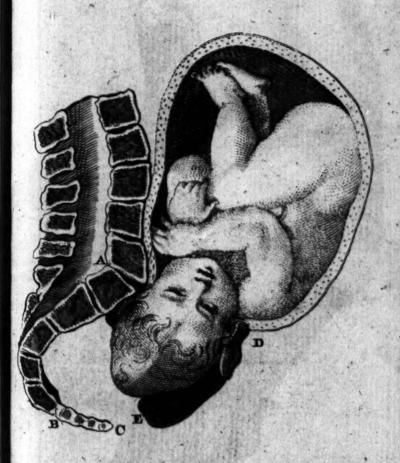


Plate XXVII



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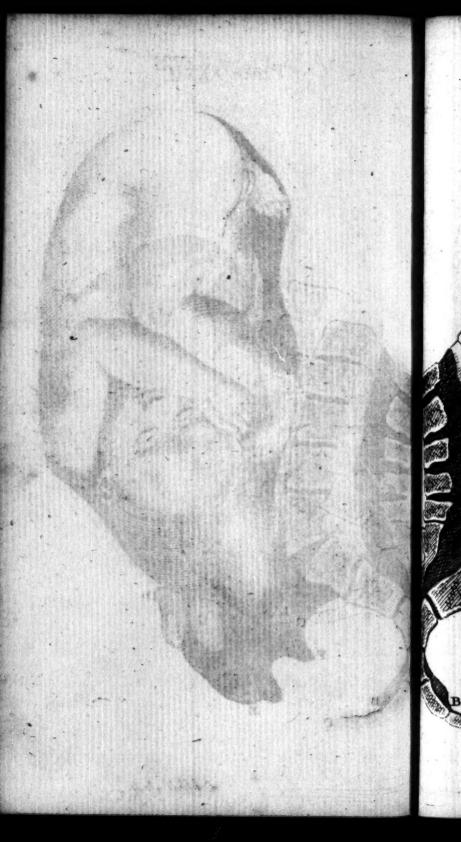
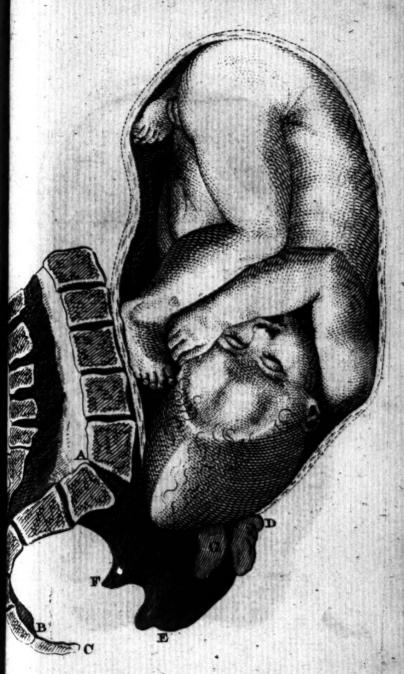


Plate XXVIII



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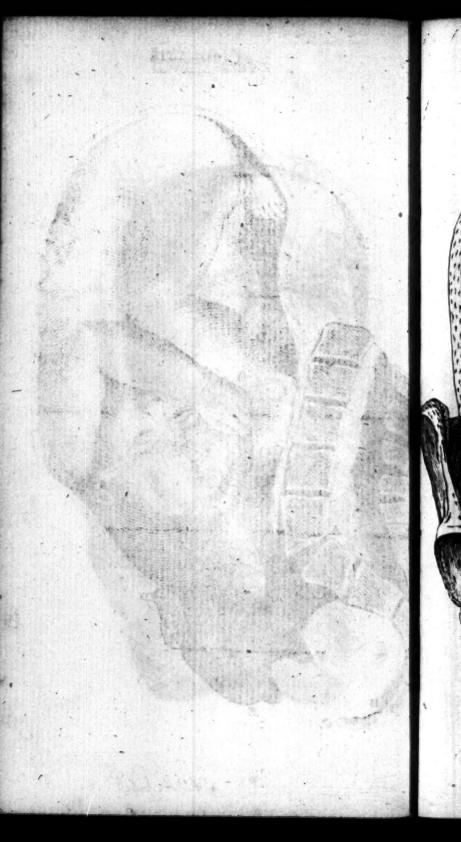
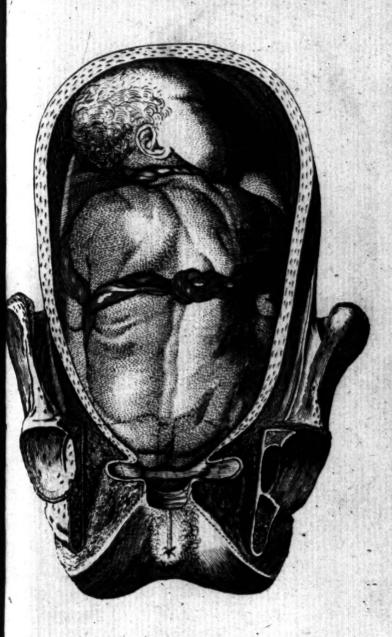


Plate XXIX



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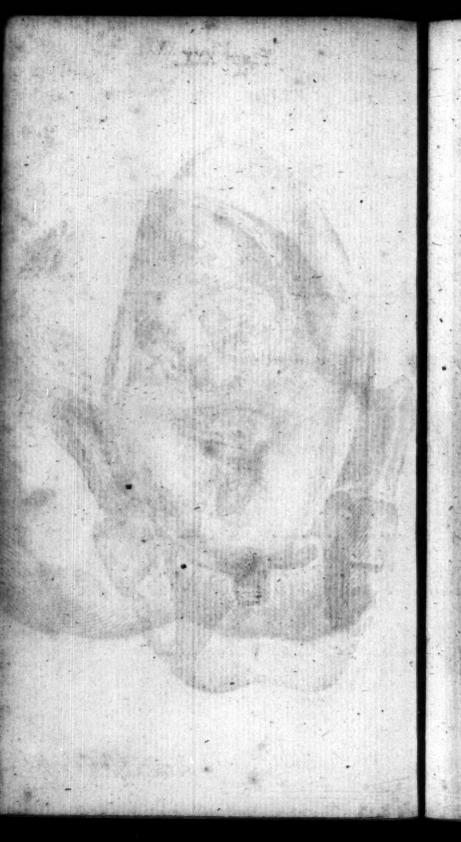


Plate XXXI



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Plate XXXII.



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Plate XXXIII:



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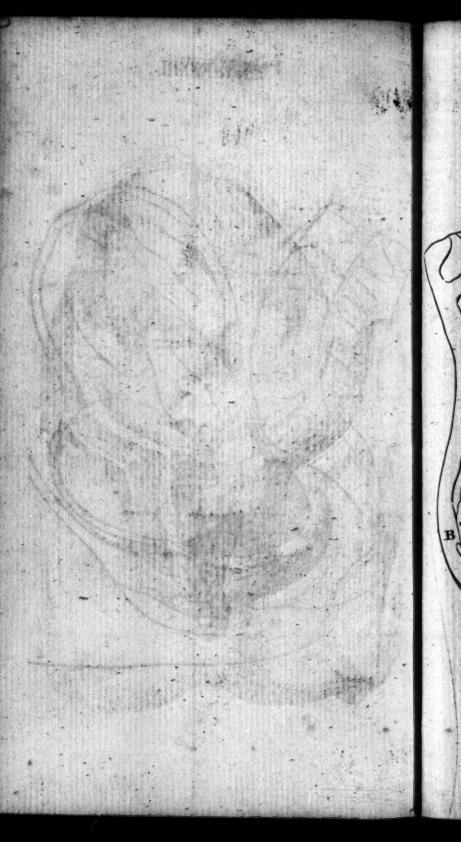


Plate XXXIV.



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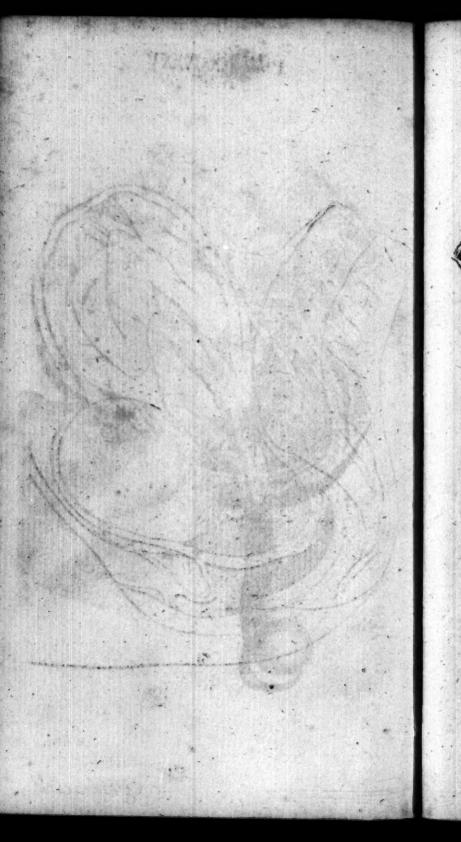


Plate XXXV.



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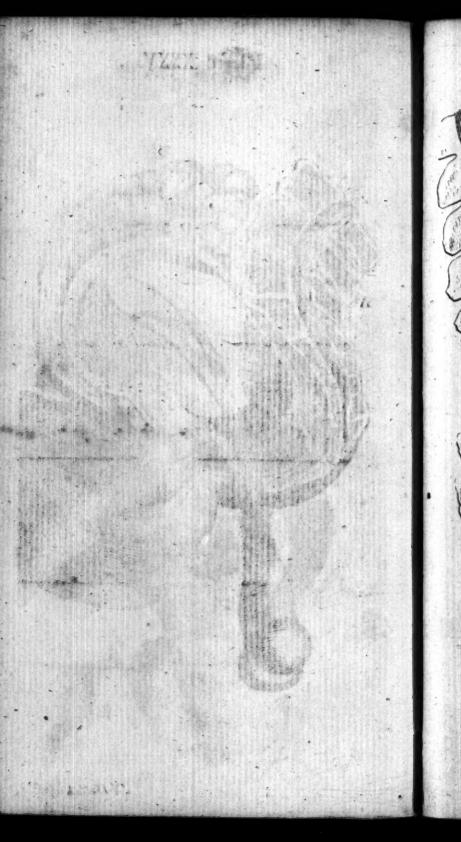
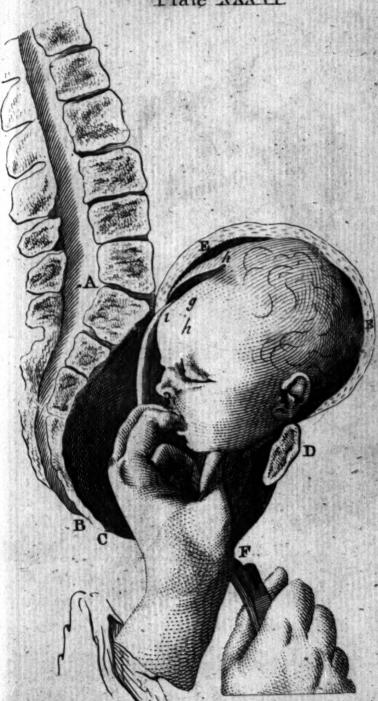


Plate XXXVI



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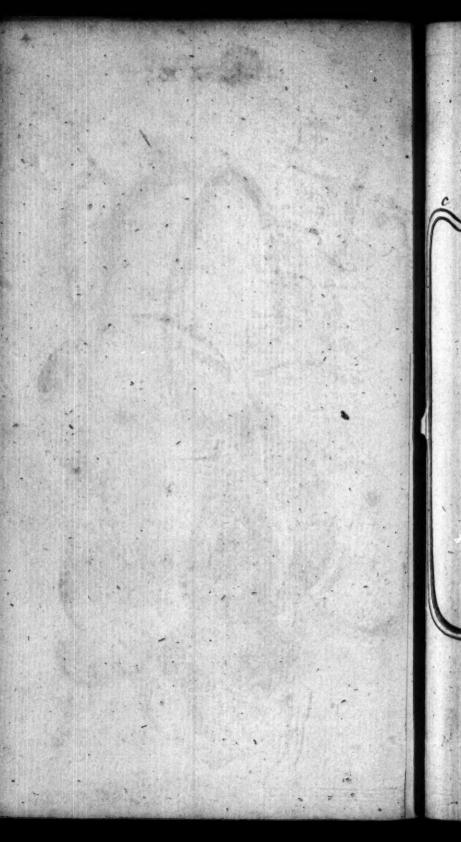
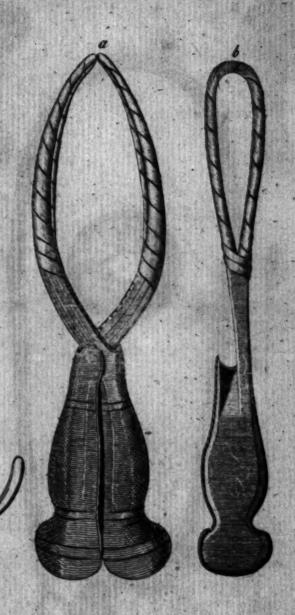


Plate XXXVII.



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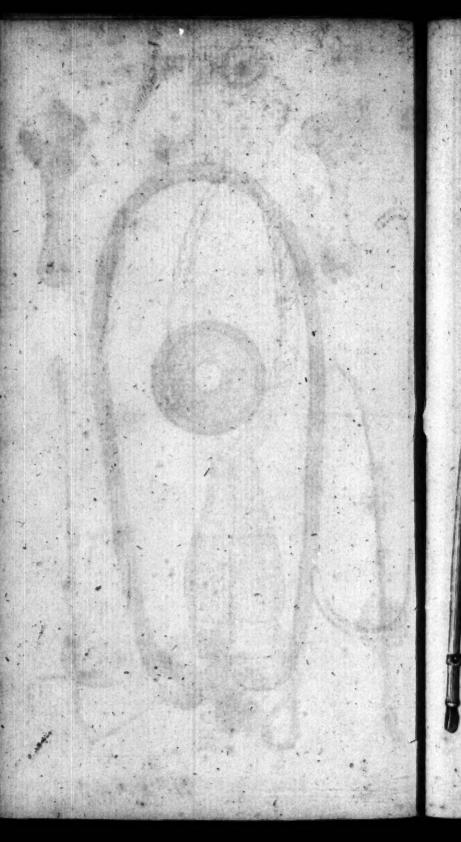
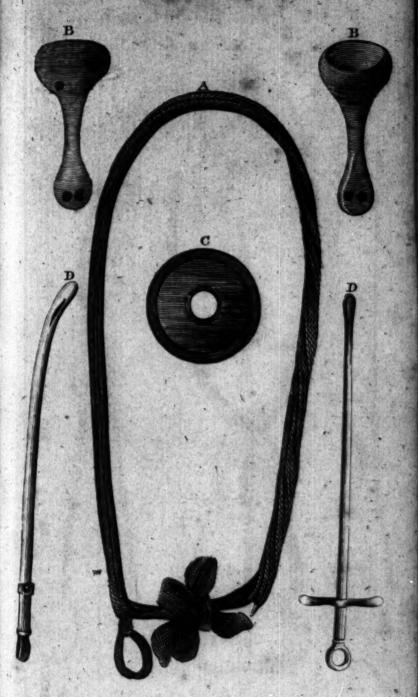


Plate XXXVIII



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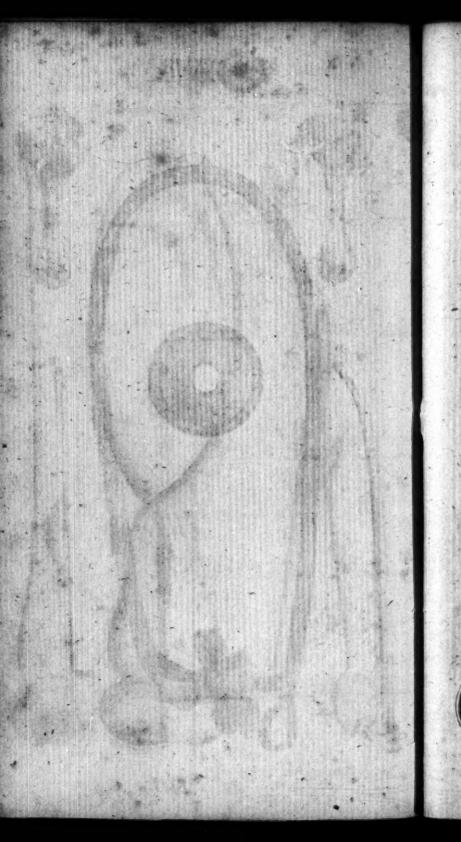
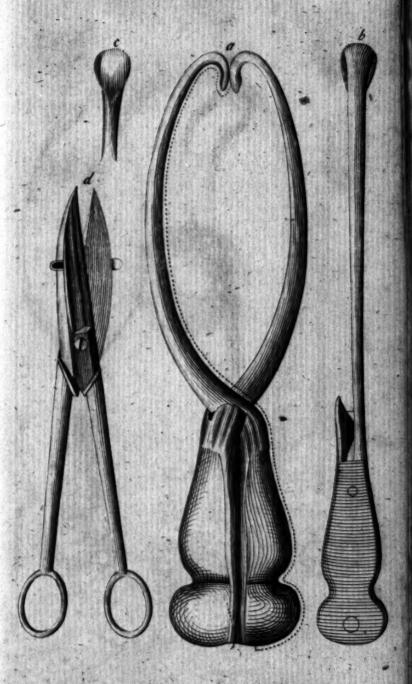
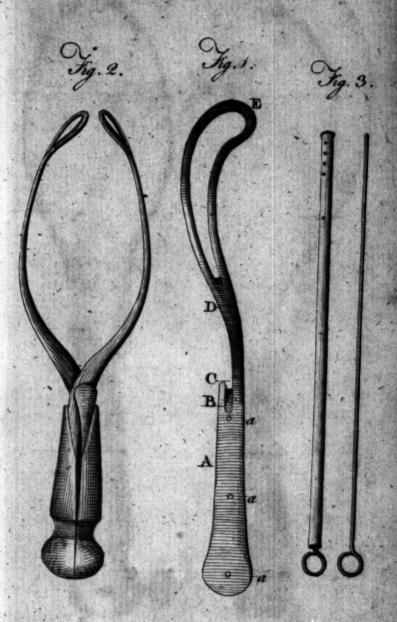


Plate XXXIX.



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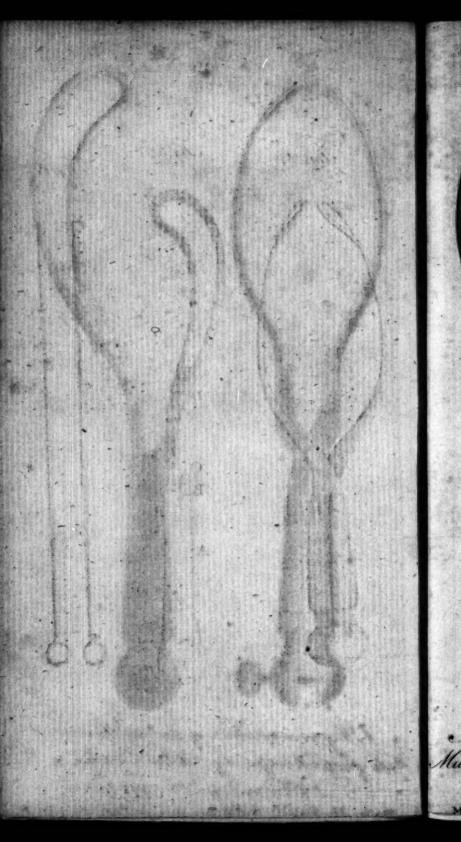
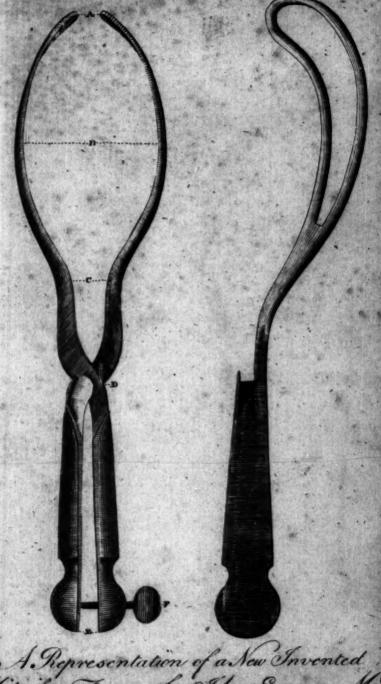


Plate XII



A. Representation of a New Invented Midwifery Torceps, by John Evans, M9 Oswestry Shropshire.

Member of the H:Med: W N:Hist: S ac



